

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 Thomas FIRST G. MI
NICKNAME LAST SUFFIX
Jones

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1527 Bilco St., Dallas, TX
75232

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 458 - 3007

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR A FIRST Herron MI
NICKNAME LAST SUFFIX

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
4478 S. Marsalis Ave, Ste. A, Dallas, TX
75216

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 215 - 8404

9 REPORT TYPE

☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
7 / 1 / 2025 THROUGH 12 / 31 / 2025

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year ☒ Primary ☐ Runoff ☐ Other Description
3 / 3 / 2024 ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any)
Justice of the Peace

13 OFFICE SOUGHT (if known)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

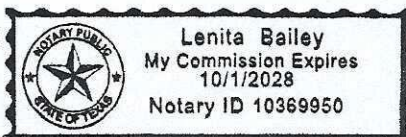
| | | |
|--------------------------------------|---|--|
| 15 JC/OH NAME <u>Thomas G. Jones</u> | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>0</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>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 Lenita Bailey Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

| | | |
|---|---|--|
| 19 FILER NAME <i>Thomas G. Jones</i> | | 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.

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

7/8/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Christopher S. Hamilton

7 Amount of contribution (\$)

\$5,000.00

6 Contributor address;

City;

State;

Zip Code

4001 W. Lawther Dr Dallas, TX 75214

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

7/8/25

Full name of contributor

☐ out-of-state PAC ID#:

Hamilton Wingo, LLP

Amount of contribution (\$)

\$5,000.00

Contributor address;

City;

State;

Zip Code

325 N. St. Paul St Ste 3600 Dallas, TX 75201

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

8/15/25

Full name of contributor

☐ out-of-state PAC ID#:

Pauline Medrano

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

2346 Douglas Ave Dallas, TX 75219

Contributor's principal occupation

Contributor's job title

Dallas County Treasurer

Dallas County Treasurer

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 8/22/25 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Lena Johnson | 7 Amount of contribution (\$) \$500.00 |
| 6 Contributor address; City; State; Zip Code 1309 Bluffview Dr Desoto TX 75115 | | |
| 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 9/2/25 | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ MR. MC CLUREN | Amount of contribution (\$) \$410.00 |
| 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 9/18/25 | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Topletz Properties Partnership | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 1509 Inwood Rd ste 301 Dallas, TX 75209 | | |
| 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 Thomas G. Jones | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/6/25 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jeffrey D. mason | 7 Amount of contribution (\$) \$200.00 |
| 6 Contributor address; City; State; Zip Code 517 Palo Duro Cir Desoto, TX 75115 | | |
| 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 11/1/25 | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Rev. Oscar D. Epps Sr. | Amount of contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code 115 W. Belthine Rd Desoto, TX 75115 | | |
| Contributor's principal occupation Pastor | | Contributor's job title Pastor |
| 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 12/8/25 | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Dorothy N. Mason | Amount of contribution (\$) \$200.00 |
| Contributor address; City; State; Zip Code 713 Belmont Dr Athens, TX 75751 | | |
| 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 Thomas G. Jones | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/13/25 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Senator Royce West | 7 Amount of contribution (\$) \$1,000.00 |
| 6 Contributor address; City; State; Zip Code 320 S. R. L. Thornton Ste Ste 220 Dallas, TX 75203 | | |
| 8 Contributor's principal occupation US Senator | | 9 Contributor's job title US Senator |
| 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 11/13/25 | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Commissioner John Wiley Price | Amount of contribution (\$) \$3,000.00 |
| Contributor address; City; State; Zip Code 411 Elm St #2 Dallas, TX 75202 | | |
| Contributor's principal occupation Dallas County Commissioner | | Contributor's job title Dallas County Commissioner |
| 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 <input type="checkbox"/> out-of-state PAC ID#: Judge Eric Maye | Amount of contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code 6420 Royalton Dr Dallas, TX 75230 | | |
| Contributor's principal occupation Dallas County Dist. Judge | | Contributor's job title Dallas County Dist Judge |
| 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 <u>Thomas G. Jones</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>11/13/25</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Jeffrey Mason</u> | 7 Amount of contribution (\$) <u>\$200.00</u> |
| 6 Contributor address; City; State; Zip Code <u>517 Palo Duro Circle Dexto, TX 75115</u> | | |
| 8 Contributor's principal occupation | | 9 Contributor's job title |
| 10 Contributor's employer/law firm | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |

| | | |
|--|--|--|
| Date <u>11/13/25</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Judge Monica Purdy</u> | Amount of contribution (\$) <u>\$100.00</u> |
| Contributor address; City; State; Zip Code <u>5930 Royal Ln PMB #285 Dallas, TX 75230</u> | | |
| Contributor's principal occupation <u>Dallas County Dist Judge</u> | | Contributor's job title <u>Dallas County Dist Judge</u> |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

| | | |
|---|--|--|
| Date <u>11/13/25</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Dale Tillery</u> | Amount of contribution (\$) <u>\$100.00</u> |
| Contributor address; City; State; Zip Code <u>4513 Scenic Circle Garland, TX 75043</u> | | |
| Contributor's principal occupation <u>Dallas County Dist Judge</u> | | Contributor's job title <u>Dallas County Dist Judge</u> |
| 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

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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 <input type="checkbox"/> out-of-state PAC ID#: <i>Judge Tonya Parker</i> | 7 Amount of contribution (\$) <i>\$100.00</i> |
| 6 Contributor address; City; State; Zip Code <i>P.O. Box 225031 Dallas, TX 75222</i> | | |
| 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 <input type="checkbox"/> out-of-state PAC ID#: <i>P.J. Brown</i> | Amount of contribution (\$) <i>\$300.00</i> |
| Contributor address; City; State; Zip Code <i>P.O. Box 851635 Mesquite, TX 75125</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 <input type="checkbox"/> out-of-state PAC ID#: <i>Dorothy Mason</i> | Amount of contribution (\$) <i>\$250.00</i> |
| Contributor address; City; State; Zip Code <i>713 Belmont Dr Athens, TX 75751</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: <u>Thomas G. Jones</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date: <u>11/13/25</u> | 5 Full name of contributor: <u>Helen Giddings</u> <input type="checkbox"/> out-of-state PAC ID#: _____ | 7 Amount of contribution (\$): <u>\$500.00</u> |
| 6 Contributor address; City; State; Zip Code <u>400 S. Zang Blvd Ste 108 Dallas, TX 75208</u> | | |
| 8 Contributor's principal occupation: <u>Former Politician</u> | | 9 Contributor's job title: <u>Former Politician</u> |
| 10 Contributor's employer/law firm | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |

| | | |
|--|--|--|
| Date: <u>11/13/25</u> | Full name of contributor: <u>Al Herron</u> <input type="checkbox"/> out-of-state PAC ID#: _____ | Amount of contribution (\$): <u>\$200.00</u> |
| Contributor address; City; State; Zip Code <u>4478 S. Marsalas Ave Ste A Dallas, TX 75216</u> | | |
| Contributor's principal occupation | | Contributor's job title |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

| | | |
|---|--|--|
| Date: <u>11/13/25</u> | Full name of contributor: <u>Stan mays</u> <input type="checkbox"/> out-of-state PAC ID#: _____ | Amount of contribution (\$): <u>\$500.00</u> |
| 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) | | |

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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1 Total pages Schedule A(J)1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC ID#:

7 Amount of contribution (\$)

Otis Clayborne

6 Contributor address;

City;

State;

Zip Code

P.O. Box 271088 Dallas, TX 75227

\$100.00

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

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

Date

Full name of contributor

☐ out-of-state PAC ID#:

Amount of contribution (\$)

11/13/25 Michael & Jacqueline Osborne

Contributor address;

City;

State;

Zip Code

628 Spicewood Dr Desoto, TX 75115

\$200.00

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

Date

Full name of contributor

☐ out-of-state PAC ID#:

Amount of contribution (\$)

11/13/25 Walt Williams

Contributor address;

City;

State;

Zip Code

\$200.00

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

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| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: |
| 2 FILER NAME <u>Thomas G. Jones</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>11/13/25</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <u>Marian Brown</u> | 7 Amount of contribution (\$) <u>\$500.00</u> |
| 6 Contributor address; City; State; Zip Code <u>P.O. Box 854635 Mesquite TX 75185</u> | | |
| 8 Contributor's principal occupation <u>Dallas County Sheriff</u> | | 9 Contributor's job title <u>Dallas County Sheriff</u> |
| 10 Contributor's employer/law firm | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |

| | | |
|--|--|--|
| Date <u>11/13/25</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <u>Ruth Shields</u> | Amount of contribution (\$) <u>\$200.00</u> |
| Contributor address; City; State; Zip Code <u>1311 Bow Creek Dr Duncanville, TX 75116</u> | | |
| Contributor's principal occupation | | Contributor's job title |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

| | | |
|--|---|--|
| Date <u>11/13/25</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <u>Joseph Kemp</u> | Amount of contribution (\$) <u>\$1,000.00</u> |
| Contributor address; City; State; Zip Code <u>1624 Promontory Dr Cedar Hill, TX 75104</u> | | |
| Contributor's principal occupation | | Contributor's job title |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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 <input type="checkbox"/> out-of-state PAC ID#: <i>Christopher + Anne Hamilton</i> | 7 Amount of contribution (\$) <i>\$5,000.00</i> |
| 6 Contributor address; City; State; Zip Code <i>4001 W. Lawther Dr Dallas TX 75214</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 <input type="checkbox"/> out-of-state PAC ID#: <i>Marsha Jones</i> | Amount of contribution (\$) <i>\$100.00</i> |
| Contributor address; City; State; Zip Code <i>6420 Fall River Dr The Colony, TX 75056</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 <input type="checkbox"/> out-of-state PAC ID#: <i>Verita Bailey</i> | Amount of contribution (\$) <i>\$100.00</i> |
| Contributor address; City; State; Zip Code <i>729 Oak Park Dr Dallas, TX 75232</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

5 Full name of contributor

☐ out-of-state PAC ID#:

7 Amount of contribution (\$)

11/13/25

Shaketha Gray

6 Contributor address;

City;

State;

Zip Code

\$100.00

110 Crystal Creek Dr Red oak, Tx 75154

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

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

Date

Full name of contributor

☐ out-of-state PAC ID#:

Amount of contribution (\$)

11/11/25

Dorothy Weir

Contributor address;

City;

State;

Zip Code

\$50.00

217 Wedge wood Ln Cedar Hill, TX 75104

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

Date

Full name of contributor

☐ out-of-state PAC ID#:

Amount of contribution (\$)

11/13/25

Carl R. Shields

Contributor address;

City;

State;

Zip Code

\$150.00

1311 Bas Creek Dr Duncanville, TX 75116

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 Thomas G. Jones | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/26/25 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Gene A. Warren | 7 Amount of contribution (\$) \$ 300.00 |
| 6 Contributor address; City; State; Zip Code 7425 Woodshri Dr Dallas TX 75232 | | |
| 8 Contributor's principal occupation | | 9 Contributor's job title |
| 10 Contributor's employer/law firm | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Contributor's principal occupation | | Contributor's job title |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Contributor's principal occupation | | Contributor's job title |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| 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 <u>Thomas G. Jones</u> | | 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#: _____) <u>N/A</u> | 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#: _____) <u>N/A</u> | Amount of Contribution \$ | In-kind contribution description |
| Contributor address; City; State; Zip Code | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) | | Employer (FOR NON-JUDICIAL)(See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL)(See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | | |

PLEDGED CONTRIBUTIONS (JUDICIAL)**SCHEDULE B(J)**If the requested information is not applicable, **DO NOT** include this page in the report.

| | | | |
|---|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule B(J): | |
| 2 FILER NAME <div style="font-size: 1.5em; font-family: cursive;">Thomas G. Jones</div> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED PLEDGES | | \$ | |
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.5em; font-family: cursive;">N/A</div> | 8 Amount of Pledge \$ | 9 In-kind contribution description |
| 7 Pledgor address; _____ City; _____ State; _____ Zip Code | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Pledgor's principal occupation | | 11 Pledgor's job title | |
| 12 Pledgor's employer/law firm | | 13 Law firm of pledgor's spouse (if any) | |
| 14 If pledgor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.5em; font-family: cursive;">N/A</div> | Amount of Pledge \$ | In-kind contribution description |
| Pledgor address; _____ City; _____ State; _____ Zip Code | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Pledgor's principal occupation | | Pledgor's job title | |
| Pledgor's employer/law firm | | Law firm of pledgor's spouse (if any) | |
| If pledgor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.5em; font-family: cursive;">N/A</div> | Amount of Pledge \$ | In-kind contribution description |
| Pledgor address; _____ City; _____ State; _____ Zip Code | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Pledgor's principal occupation | | Pledgor's job title | |
| Pledgor's employer/law firm | | Law firm of pledgor's spouse (if any) | |
| If pledgor is a child, law firm of parent(s) (if any) | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | | |

LOANS (JUDICIAL)**SCHEDULE E(J)**

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

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E(J): |
| 2 FILER NAME <i>Thomas G. Jones</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>N/A</i> | 9 Loan Amount (\$) |
| 6 Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N | 8 Lender address; City; State; Zip Code | 10 Interest rate |
| | | 11 Maturity date |
| 12 Lender's Principal Occupation | | 13 Lender's Job Title |
| 14 Lender's Employer/Law Firm | | 15 Law Firm of lender's spouse (if any) |
| 16 If lender is a child, law firm of parent(s) (if any) | | |
| 17 Description of Collateral <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> | 22 Amount Guaranteed (\$) |
| | 21 Guarantor address; City; State; Zip Code | |
| 23 Guarantor's Principal Occupation | | 24 Guarantor's Job Title |
| 25 Guarantor's Employer/Law Firm | | 26 Law Firm of guarantor's spouse (if any) |
| 27 If guarantor is a child, law firm of parent(s) (if any) | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|---------------------------------------|--|
| 1 Total pages Schedule F2: | | 2 FILER NAME <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 <u>ONLY</u> 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 <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

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 <i>Thomas G. Jones</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Name of person from whom investment is purchased <i>N/A</i> | | |
| | 6 Address of person from whom investment is purchased; City; State; Zip Code | | |
| | 7 Description of investment | | |
| | 8 Amount of investment (\$) | | |
| Date | Name of person from whom investment is purchased <i>N/A</i> | | |
| | 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office Sought Office Held |
| PAYMENT | (a) Amount Charged \$ | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name <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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office Sought Office Held |
| PAYMENT | (a) Amount Charged \$ | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name <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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office Sought Office Held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|--|--|--|
| 1 Total pages Schedule G: | 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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended | 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 | Payee name <i>N/A</i> | | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | |
| Date | Payee name <i>N/A</i> | | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | |
| Date | Payee name <i>N/A</i> | | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <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

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

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | | |
|---|--|-------------|--|-------------------------------|---------------|-------------|
| 1 Total pages Schedule H: | 2 FILER NAME <u>Thomas G. Jones</u> | | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date | 5 Business name <u>N/A</u> | | | | | |
| 6 Amount (\$) | 7 Business address; City; State; Zip Code | | | | | |
| 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 <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table> | | | | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name | Office sought | Office held | | | | |
| Date | Business name <u>N/A</u> | | | | | |
| 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 <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table> | | | | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name | Office sought | Office held | | | | |
| Date | Business name <u>N/A</u> | | | | | |
| 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 <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table> | | | | Candidate / Officeholder name | Office sought | Office held |
| 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 Thomas G. Jones | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name N/A | |
| 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 N/A | |
| 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 N/A | |
| 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 N/A | |
| 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 | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 <i>Thomas G. Jones</i> | | 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 | | |
| 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 | | |
| Description of Asset | | |
| Description of Asset | | |
| Description of Asset N/A | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

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> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <i>NA</i> | | |
| 5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div> | | |
| 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>NA</i> | | |
| Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div> | | |
| 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>NA</i> | | |
| Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div> | | |
| 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 Thomas G. Jones | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 8/1/25 | 5 Payee name Daphne Fair | |
| 6 Amount (\$) \$354.27 | 7 Payee address; City; State; Zip Code 217 N. I-35 E, Desoto, TX 75115 | |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |

| | | |
|--|---|-------------|
| Date 8/1/25 | Payee name Daphne Fair | |
| Amount (\$) \$3,000.00 | 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) 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 | | |

| | | |
|--|---|-------------|
| Date 8/2/25 | Payee name Terri Hodge | |
| Amount (\$) \$250.00 | Payee address; City; State; Zip Code 7106 Abrams Rd., Dallas, TX 75231 | |
| 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 <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 Thomas G. Jones | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 8/2/25 | | 5 Payee name Nethel Jackson | | | |
| 6 Amount (\$) \$300.00 | | 7 Payee address; City; State; Zip Code 2851 Toluca Dr., Dallas, TX 75367 | | | |
| 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 | | | | | |
| Date 8/4/25 | | Payee name Elite News | | | |
| Amount (\$) \$450.00 | | Payee address; City; State; Zip Code 3155 Lancaster Rd, Dallas, TX 75216 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) advertising 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 | | | | | |
| Date 8/8/25 | | Payee name Winsor BarBee | | | |
| Amount (\$) \$200.00 | | 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
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 Thomas G. Jones | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 8/11/25 | | 5 Payee name Judge Valencia Nash | | | |
| 6 Amount (\$) \$70.00 | | 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) 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| | | Candidate / Officeholder name | | Office sought Office held | |
| | | | | | |
| Date 8/18/25 | | Payee name C. G. P. | | | |
| Amount (\$) \$338.00 | | Payee address; City; State; Zip Code 5801 Marvin D. Love Fwy, Dallas, TX 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 <u>ONLY</u> 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; City; State; Zip Code 2851 Toluca Dr., Dallas, TX 75367 | | | |
| 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 <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 Thomas G. Jones | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--|---------------------------------------|

| | |
|-------------------------|---------------------------------------|
| 4 Date 8/6/25 | 5 Payee name Nethel Jackson |
|-------------------------|---------------------------------------|

| | |
|----------------------------------|--|
| 6 Amount (\$) \$177.00 | 7 Payee address; 2851 Toluca Dr., Dallas, TX 75367 |
|----------------------------------|--|

| | | |
|------------------------------------|---|-----------------|
| 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 8/21/25 | Payee name Terri Hodge |
|------------------------|----------------------------------|

| | |
|--------------------------------|--|
| Amount (\$) \$100.00 | Payee address; 7106 Abrams Rd., Dallas, TX 75231 |
|--------------------------------|--|

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

| | |
|------------------------|-------------------------------|
| Date 8/27/25 | Payee name C. C. P. |
|------------------------|-------------------------------|

| | |
|--------------------------------|--|
| Amount (\$) \$340.00 | Payee address; 5801 Marvin D. Love Fwy, Dallas, TX 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 <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 Thomas G. Jones | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 9/10/25 | | 5 Payee name Amaya Harris | | | |
| 6 Amount (\$) \$560.00 | | 7 Payee address; City; State; Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) advertising 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 9/19/25 | | Payee name Nethel Jackson | | | |
| Amount (\$) \$147.00 | | Payee address; City; State; Zip Code 2851 Toluca Dr., Dallas, TX 75367 | | | |
| 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 <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
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 Thomas G. Jones | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 9/19/25 | 5 Payee name Amaya Harris | | | |
| 6 Amount (\$) \$500.00 | 7 Payee address; | | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) advertising 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 10/9/25 | Payee name Elite News | | | |
| Amount (\$) \$400.00 | Payee address; | | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) advertising 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 | | | | |
| Date 10/13/25 | Payee name Nethel Jackson | | | |
| Amount (\$) \$100.00 | Payee address; | | City; | State; Zip Code |
| 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 <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 Thomas G. Jones | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 10/18/25 | | 5 Payee name The Pelican | | | |
| 6 Amount (\$) \$971.13 | | 7 Payee address; City; State; Zip Code 107 S. Cedar Ridge Dr, Duncanville, TX 75114 | | | |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 10/19/25 | | Payee name Beyond the Sloop | | | |
| Amount (\$) \$700.00 | | Payee address; City; State; Zip Code 4416 Briarwood Ave #110, Midland, TX 79707 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) consulting 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 | |
| Date 10/26/25 | | Payee name Terri Hodges | | | |
| Amount (\$) \$388.00 | | Payee address; City; State; Zip Code 7106 Abrams Rd., Dallas, TX 75231 | | | |
| 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 <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 Thomas G. Jones | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 10/27/25 | | 5 Payee name Judge Valencia Nash | | | |
| 6 Amount (\$) \$ 110.00 | | 7 Payee address; City; State; Zip Code 8301 S. Polk St, Ste 2200, Dallas, TX 75232 | | | |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Candidate / Officeholder name Office sought Office held | | | | | |
| | | | | | |
| Date 10/26/25 | | Payee name MSC AS LLC | | | |
| Amount (\$) \$ 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) 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 | | | | | |
| | | | | | |
| Date 10/27/25 | | Payee name Bishop Campbell | | | |
| Amount (\$) \$ 160.00 | | Payee address; City; State; Zip Code | | | |
| 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 <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 <u>Thomas G. Jones</u> | | 3 Filer ID (Ethics Commission Filers) _____ | |
| 4 Date <u>11/12/25</u> | | 5 Payee name <u>C.C.P. Printing</u> | | | |
| 6 Amount (\$) <u>\$148.00</u> | | 7 Payee address; City; State; Zip Code <u>5801 Marvin D. Lowe Fwy, Ste 101</u> <u>Dallas, TX 75237</u> | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>printing expense</u> | | (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 | | | | | |
| Date <u>11/26/25</u> | | Payee name <u>Phillip James</u> | | | |
| Amount (\$) <u>100.00</u> | | Payee address; City; State; Zip Code _____ | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>contribution</u> | | 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 | | | | | |
| Date <u>11/18/25</u> | | Payee name <u>Dallas County Democratic Party</u> | | | |
| Amount (\$) <u>\$1,000.00</u> | | Payee address; City; State; Zip Code _____ | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>donation expense</u> | | 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 <i>Thomas G. Jones</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>11/22/25</i> | 5 Payee name <i>Cheryl Smith</i> | |
| 6 Amount (\$) <i>\$1,000.00</i> | 7 Payee address; | City; State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | <i>advertising expense</i> | |
| (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>11/22/25</i> | Payee name <i>D. F. W. Inc</i> | |
| Amount (\$) <i>\$534.00</i> | Payee address; | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <i>other</i> | |
| <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>11/22/25</i> | Payee name <i>Devon Gray</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) | Description |
| | <i>advertising expense</i> | |
| <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 | | 2 FILER NAME Thomas G. Jones | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 11/24/25 | | 5 Payee name Nethel Jackson | | | |
| 6 Amount (\$) \$400.00 | | 7 Payee address: 2851 Toluca Dr., Dallas, TX 75367 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 11/13/25 | | Payee name C. C. P. | | | |
| Amount (\$) \$137.48 | | Payee address: 5861 Marvin D. Love 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 | | | | | |
| 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 <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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|--|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME <u>Thomas G. Jones</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>11/13/25</u> | 5 Payee name <u>Pelican House</u> | | |
| 6 Amount (\$) <u>\$1,795.27</u> | 7 Payee address; City; State; Zip Code <u>107 S. Cedar Ridge Dr., Duncanville, TX 75116</u> | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>event expense</u> | | (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 <u>N/A</u> | | |
| 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 <u>N/A</u> | | |
| 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 | | | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|--|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME <i>Thomas G. Jones</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--|---------------------------------------|

| | |
|---------------------------|------------------------------------|
| 4 Date <i>11/20/25</i> | 5 Payee name <i>S. G. Brown</i> |
|---------------------------|------------------------------------|

| | |
|---|--|
| 6 Amount (\$) <i>\$156.⁵⁰</i> | 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 <i>11/21/25</i> | Payee name <i>Jeff Dalton</i> |
|-------------------------|----------------------------------|

| | |
|----------------------------------|--------------------------------------|
| Amount (\$) <i>\$1,000.00</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 |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|-------------------------------|
| Date <i>12/1/25</i> | Payee name <i>C. C. P.</i> |
|------------------------|-------------------------------|

| | |
|---|--|
| Amount (\$) <i>\$358.⁰⁰</i> | Payee address; City; State; Zip Code <i>5801 Marvin D. Love Fwy, Ste 101 Dallas, TX 75237</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 |
|--|-------------------------------|---------------|-------------|

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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 <u>Thomas G. Jones</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>12/2/25</u> | 5 Payee name <u>Nethel Jackson</u> | | |
| 6 Amount (\$) <u>\$ 250.00</u> | 7 Payee address; City; State; Zip Code <u>2851 Toluca Dr., Dallas, TX 75367</u> | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>polling expense</u> | | (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 <u>12/3/25</u> | Payee name <u>Sweet Georgia Brown</u> | | |
| Amount (\$) <u>\$ 626.00</u> | Payee address; City; State; Zip Code <u>2840 E. Ledbetter Dr., Dallas, TX 75214</u> | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>event expense</u> | | 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 <u>12/5/25</u> | Payee name <u>Nethel Jackson</u> | | |
| Amount (\$) <u>\$ 250.00</u> | Payee address; City; State; Zip Code <u>2851 Toluca Dr., Dallas, TX 75367</u> | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>polling expense</u> | | 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 <u>Thomas G. Jones</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>12/6/25</u> | 5 Payee name <u>Iris Watson</u> | | |
| 6 Amount (\$) <u>100⁰⁰</u> | 7 Payee address; City; State; Zip Code | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>advertising expense</u> | | (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 <u>12/12/25</u> | Payee name <u>C. W. Whitaker</u> | | |
| Amount (\$) <u>\$60⁰⁰</u> | 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 <u>12/13/25</u> | Payee name <u>Irish Watson</u> | | |
| Amount (\$) <u>\$500⁰⁰</u> | Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>advertising expense</u> | | 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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME Thomas G. Jones | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/23/25 | 5 Payee name Nethel Jackson | |
| 6 Amount (\$) \$250⁰⁰ | 7 Payee address; City; State; Zip Code 2851 Toluca Dr., Dallas, TX 75367 | |
| 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 (\$) \$156⁰⁰ | Payee address; City; State; Zip Code 5521 S. Hampton Rd., Dallas, TX 75232 | | |
| 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 (\$) \$75⁰⁰ | Payee address; City; State; Zip Code 5801 Marvin D. Love Fwy, Ste 101, Dallas, TX 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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