

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:
30

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Jason	MI A	OFFICE USE ONLY	
	NICKNAME	LAST Metcalf	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 9032 Clearhurst Dr		APT / SUITE #; Dallas	CITY; TX	STATE; ZIP CODE 75238
<input type="checkbox"/> Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 537-5697	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Rohit	MI J	Date Received ELECTRONICALLY FILED 07/15/2024	
	NICKNAME	LAST Joy	SUFFIX	Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); 539 W Commerce St		APT / SUITE #; Suite 1525	CITY; Dallas	STATE; ZIP CODE TX 75208
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE (469)	PHONE NUMBER 780-4877	EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 01 / 2024 THROUGH 06 / 30 / 2024				
11 ELECTION	ELECTION DATE Month Day Year 11 / 05 / 2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) County Commissioner-District #1		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	<input checked="" type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Jason A Metcalf		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)	\$.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25,197.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1,786.53
	4. TOTAL POLITICAL EXPENDITURES	\$ 25,460.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 32,248.81
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 29,510.00

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



Signature of Candidate or Officeholder

Please complete either option below.

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$\$25,197.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$\$0.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$\$0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$\$0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$\$23,960.32
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$\$1,500.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$\$0.00
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$\$0.00
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$\$0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$\$0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$\$0.00
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$\$5.45

RECEIVED
ELECTIONS
2024 JUL 16 AM 11:33

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 15
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Craig Railsback 6 Contributor address; City; State; Zip Code 7052 Little Harbor Huntington CA 92648	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pilot		9 Employer (See Instructions) American Airlines
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Deborah Arnett Contributor address; City; State; Zip Code 9702 El Patio Dr Dallas TX 75218	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Vladmir Camacho Contributor address; City; State; Zip Code 1777 N Record St., Apt. 1415 Dallas TX 75202	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) SmarKargo
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Aimee Ramsey Contributor address; City; State; Zip Code 1200 main st #2004 Dallas TX 75202	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Silver Image Transport
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

3 Filer ID (Ethics Commission Filers)

Employer (See Instructions)
Retired

Revised 11/15/2022

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 15
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 01/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Geiszler 6 Contributor address; City; State; Zip Code 3612 Villanova Street University TX 75225	7 Amount of contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Futurewei Technologies
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jan Stell Contributor address; City; State; Zip Code 9511 Angelridge Dallas TX 75238	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Featherston Contributor address; City; State; Zip Code 11333 Earlywood Dr Dallas TX 75218	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Marketing Manager		Employer (See Instructions) American Heart Association
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Jane Fally Contributor address; City; State; Zip Code 8927 White Pine Dallas TX 75238	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
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**SCHEDULE A1**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 A1: 15
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 02/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tommy Cho <hr/> 6 Contributor address; City; State; Zip Code 186 Avery Rd Garrison NY 75205	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Banker		9 Employer (See Instructions) Self
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erica Bachmann <hr/> Contributor address; City; State; Zip Code 4411 McKinney Ave. 7 Dallas TX 75205	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) AJG
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart Wernick <hr/> Contributor address; City; State; Zip Code 6548 Lafayette Way Dallas TX 75230	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Walker & Dunlop
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evelyn Strausman <hr/> Contributor address; City; State; Zip Code 3420 Counry Square Drive Carrollton TX 75006 #807	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
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

SCHEDULE A1

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 A1: 15
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 02/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margie Lawrence 6 Contributor address; City; State; Zip Code 813 Patrick Lane Plano TX 75024	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillip Russell Contributor address; City; State; Zip Code 12427 Veronica Cir Farmers TX 75234	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Wilson Contributor address; City; State; Zip Code 9405 Buxhill Drive Dallas TX 75238	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Trainer		Employer (See Instructions) American Heart Association
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judith Canion Contributor address; City; State; Zip Code 9715 Windham Drive Dallas TX 75243	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Substitute Teacher		Employer (See Instructions) RISD
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**SCHEDULE A1**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 A1: 15
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 02/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric Bruntmeyer <hr/> 6 Contributor address; City; State; Zip Code 2211 Cedar St Abilene TX 79601	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Hardin-Simmons University
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judith Canion <hr/> Contributor address; City; State; Zip Code 9715 Windham Drive Dallas TX 75243	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Substitute Teacher		Employer (See Instructions) RISD
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elyce Mouskondis <hr/> Contributor address; City; State; Zip Code 7212 Helsem Bend Dallas TX 75230	Amount of contribution (\$) \$208.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judith Canion <hr/> Contributor address; City; State; Zip Code 9715 Windham Drive Dallas TX 75243	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Substitute Teacher		Employer (See Instructions) RISD
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**SCHEDULE A1**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 A1: 15
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig Railsback <hr/> 6 Contributor address; City; State; Zip Code 7052 Little Harbor Huntington CA 92648	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pilot		9 Employer (See Instructions) American Airlines
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donglin Chen <hr/> Contributor address; City; State; Zip Code 9023 Clearhurst drive Dallas TX 75238	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Stantec
Date 03/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Barksdale <hr/> Contributor address; City; State; Zip Code 1818 s ervay st Dallas TX 75215	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Self
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenda Brodrick <hr/> Contributor address; City; State; Zip Code 13531 Rawhide Pkwy Farmers TX 75234	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
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**SCHEDULE A1**

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 A1: 15
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frances Pearson 6 Contributor address; City; State; Zip Code 1940 Mayflower Drive Dallas TX 75208	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helene McKinney Contributor address; City; State; Zip Code 8824 Bretshire Drive Dallas TX 75228	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brigid Hayward Contributor address; City; State; Zip Code 9032 Clearhurst Drive Dallas TX 75238	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) UT Southwestern
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillip Russell Contributor address; City; State; Zip Code 12427 Veronica Cir Farmers TX 75234	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 15
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 04/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Baxter 6 Contributor address; City; State; Zip Code 7506 Covewood Drive Garland TX 75044	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions) Self
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donglin Chen Contributor address; City; State; Zip Code 9023 Clearhurst drive Dallas TX 75238	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Stantec
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy Getting Contributor address; City; State; Zip Code 2208 Rita Ct Irving TX 75060	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay Cooley Contributor address; City; State; Zip Code PO Box 153526 Irving TX 75015	Amount of contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Car Sales		Employer (See Instructions) Clay Cooley Investments
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

3 Filer ID (Ethics Commission Filers)

Employer (See Instructions)
Self

Revised 11/15/2022

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2024 JUL 16 AM 11:33

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 15
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 05/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Alpert 6 Contributor address; City; State; Zip Code 4514 Cole Avenue, Suite Dallas TX 75205 1600	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Investment Manager		9 Employer (See Instructions) Self
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen West Contributor address; City; State; Zip Code 1837 Eastern Hills Drive Garland TX 75043	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Exec Director		Employer (See Instructions) American Constitutional Rights
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Blewett Contributor address; City; State; Zip Code 6228 Vickey Blvd Dallas TX 75214	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Politics		Employer (See Instructions) Self
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dori Wright Contributor address; City; State; Zip Code 9446 Crestedge Drive Dallas TX 75238	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Community Advocate		Employer (See Instructions) Self
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**SCHEDULE A1**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 A1: 15
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 05/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant Laughlin <hr/> 6 Contributor address; City; State; Zip Code 4137 Greenbrier Drive Dallas TX 75225	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Community Relations		9 Employer (See Instructions) LCRC
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isaac Lynch <hr/> Contributor address; City; State; Zip Code tbd tbd TX 75000	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Anesthesia		Employer (See Instructions) Methodist Hospital
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James McKeon <hr/> Contributor address; City; State; Zip Code 2123 Cheyenne Park Lane Southlake TX 76092	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamie Kohlmann <hr/> Contributor address; City; State; Zip Code 8310 Midway Rd Dallas TX 75209	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
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**SCHEDULE A1**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 A1: 15
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 05/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judith Canion <hr/> 6 Contributor address; City; State; Zip Code 9715 Windham Drive Dallas TX 75243	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Substitute Teacher		9 Employer (See Instructions) RISD
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence Wainer <hr/> Contributor address; City; State; Zip Code 6137 Sul Ross Lane Dallas TX 75214	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee Jenkins <hr/> Contributor address; City; State; Zip Code 8030 Fall River Drive Dallas TX 75228	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Hairdresser		Employer (See Instructions) Self
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynn Davenport <hr/> Contributor address; City; State; Zip Code 7120 Copperleaf Dallas TX 75238	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
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**SCHEDULE A1**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 A1:
15**2** FILER NAME
Jason A Metcalf**3** Filer ID (Ethics Commission Filers)**4** Date
05/15/2024**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
Mesquite Republican Women's PAC**7** Amount of contribution (\$)
\$1,500.00**6** Contributor address; City; State; Zip Code
P.O. Box 851464 Mesquite TX 75185**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
05/15/2024Full name of contributor ☐ out-of-state PAC (ID#: _____)
Mike NurreAmount of contribution (\$)
\$100.00Contributor address; City; State; Zip Code
2611 Millman Dr Dallas TX 75228Principal occupation / Job title (See Instructions)
Investment BankerEmployer (See Instructions)
SelfDate
05/15/2024Full name of contributor ☐ out-of-state PAC (ID#: _____)
Rachel TresidderAmount of contribution (\$)
\$100.00Contributor address; City; State; Zip Code
1109 Misty Woods Ct Bedford TX 76021Principal occupation / Job title (See Instructions)
AttorneyEmployer (See Instructions)
SelfDate
05/15/2024Full name of contributor ☐ out-of-state PAC (ID#: _____)
Sean O'LearyAmount of contribution (\$)
\$100.00Contributor address; City; State; Zip Code
2717 State Street Dallas TX 75204Principal occupation / Job title (See Instructions)
EntrepreneurEmployer (See Instructions)
Self**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

RELIEVED FROM FILING
ELECTORAL
2024 JUL 16 11:11:30

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 15
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 05/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Garcia 6 Contributor address; City; State; Zip Code 1811 N Greenville Ave, Apt Richardson TX 75081 2202	7 Amount of contribution (\$) \$105.00
8 Principal occupation / Job title (See Instructions) Aetna		9 Employer (See Instructions) SQL Developer
Date 05/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marguerite Buccino Contributor address; City; State; Zip Code 9957 Dresden Dr Dallas TX 75220	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jame Wiederhold Contributor address; City; State; Zip Code 802 Wildgrove Dr Garland TX 75041	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judith Canion Contributor address; City; State; Zip Code 9715 Windham Drive Dallas TX 75243	Amount of contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Substitute Teacher		Employer (See Instructions) RISD

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME Jason A Metcalf	3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2024	5 Payee name Thomas Media Company	
6 Amount (\$) \$5,500.00	7 Payee address; 518 Azalea Drive	City; State; Zip Code Grapevine TX 76051
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense	(b) Description Video production
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/24/2024	Payee name Thomas Media Company	
Amount (\$) \$2,000.00	Payee address; 518 Azalea Drive	City; State; Zip Code Grapevine TX 76051
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description Video production
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/26/2024	Payee name Imaging Products Corp dba Buzz Print	
Amount (\$) \$1,387.99	Payee address; 1850 Empire Central	City; State; Zip Code Dallas TX 75235
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PrintingExpense	Description Campaign brochures
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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: 10	2 FILER NAME Jason A Metcalf	3 Filer ID (Ethics Commission Filers)
4 Date 01/15/2024	5 Payee name Texas Trade Graphics	
6 Amount (\$) \$3,929.48	7 Payee address; 2935 Irving, Suite 201	City; State; Zip Code Dallas TX 75247
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense	(b) Description Campaign signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/01/2024	Payee name Dyce Communications LLC	
Amount (\$) \$1,250.00	Payee address; 1612 Carpenter Dr	City; State; Zip Code Plano TX 75074
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ConsultingExpense	Description General consulting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/26/2024	Payee name Custom Ink	
Amount (\$) \$326.05	Payee address; 2910 District Ave	City; State; Zip Code Fairfax VA 22031
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PrintingExpense	Description Campaign T-shirts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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: 10	2 FILER NAME Jason A Metcalf	3 Filer ID (Ethics Commission Filers)
4 Date 04/07/2024	5 Payee name Office Depot	
6 Amount (\$) \$297.29	7 Payee address; 11615 N Central Expressway	City; State; Zip Code Dallas TX 75243
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	(b) Description Office supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/15/2024	Payee name Oak Highlands Brewery	
Amount (\$) \$531.97	Payee address; 10484 Brockwood Rd	City; State; Zip Code Dallas TX 75238
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EventExpense	Description Room rental, food, beverages for event
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/25/2024	Payee name The Gunter Hotel San Antonio Riverwalk	
Amount (\$) \$619.23	Payee address; 205 E Houston St	City; State; Zip Code San Antonio TX 78205
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TravelOutOfDistrict	Description Lodging for party convention
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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: 10	2 FILER NAME Jason A Metcalf	3 Filer ID (Ethics Commission Filers)		
4 Date 02/28/2024	5 Payee name Canva			
6 Amount (\$) \$305.00	7 Payee address; 3212 E Cesar Chavez St, Bldg 1, Ste 1300	City; Austin	State; TX	Zip Code 78702
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PrintingExpense		(b) Description Stickers	
	(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 02/15/2024	Payee name Canva			
Amount (\$) \$14.99	Payee address; 3212 E Cesar Chavez St, Bldg 1, Ste 1300	City; Austin	State; TX	Zip Code 78702
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense		Description Subscription	
	<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 03/15/2024	Payee name Canva			
Amount (\$) \$14.99	Payee address; 3212 E Cesar Chavez St, Bldg 1, Ste 1300	City; Austin	State; TX	Zip Code 78702
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense		Description Subscription	
	<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: 10	2 FILER NAME Jason A Metcalf	3 Filer ID (Ethics Commission Filers)
4 Date 04/15/2024	5 Payee name Canva	
6 Amount (\$) \$14.99	7 Payee address; 3212 E Cesar Chavez St, Bldg 1, Ste 1300	City; Austin State; TX Zip Code 78702
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	(b) Description Subscription
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/15/2024	Payee name Canva	
Amount (\$) \$14.99	Payee address; 3212 E Cesar Chavez St, Bldg 1, Ste 1300	City; Austin State; TX Zip Code 78702
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	Description Subscription
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 06/15/2024	Payee name Canva	
Amount (\$) \$30.00	Payee address; 3212 E Cesar Chavez St, Bldg 1, Ste 1300	City; Austin State; TX Zip Code 78702
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	Description Subscription
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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: 10	2 FILER NAME Jason A Metcalf	3 Filer ID (Ethics Commission Filers)
4 Date 01/16/2024	5 Payee name Mailchimp	
6 Amount (\$) \$362.44	7 Payee address; 670 Ponce De Leon Ave NE, Ste 5000 City; Atlanta State; GA Zip Code 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense	(b) Description Email marketing
	(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 04/25/2024	Payee name Oak Highlands Brewery	
Amount (\$) \$162.38	Payee address; 10484 Brockwood Rd City; Dallas State; TX Zip Code 75238	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EventExpense	Description Deposit for event
	<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 04/12/2024	Payee name Isaiah Calhoun	
Amount (\$) \$464.00	Payee address; 622 N Winnetka Ave City; Dallas State; TX Zip Code 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SalariesWagesContractLabor	Description General campaign labor
	<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: 10	2 FILER NAME Jason A Metcalf	3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2024	5 Payee name Isaiah Calhoun	
6 Amount (\$) \$456.00	7 Payee address; 622 N Winnetka Ave	City; State; Zip Code Dallas TX 75208
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SalariesWagesContractLabor	(b) Description General campaign labor
	(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 05/17/2024	Payee name Isaiah Calhoun	
Amount (\$) \$760.00	Payee address; 622 N Winnetka Ave	City; State; Zip Code Dallas TX 75208
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SalariesWagesContractLabor	Description General campaign labor
	<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 06/04/2024	Payee name Isaiah Calhoun	
Amount (\$) \$232.00	Payee address; 622 N Winnetka Ave	City; State; Zip Code Dallas TX 75208
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SalariesWagesContractLabor	Description General campaign labor
	<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: 10	2 FILER NAME Jason A Metcalf	3 Filer ID (Ethics Commission Filers)		
4 Date 01/10/2024	5 Payee name Joy CPA LLC			
6 Amount (\$) \$500.00	7 Payee address; 539 W Commerce St	City; Dallas	State; TX	Zip Code 75208
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AccountingBanking		(b) Description Campaign treasurer	
	(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 01/31/2024	Payee name Joy CPA LLC			
Amount (\$) \$500.00	Payee address; 539 W Commerce St	City; Dallas	State; TX	Zip Code 75208
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AccountingBanking		Description Campaign treasurer	
	<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 02/29/2024	Payee name Joy CPA LLC			
Amount (\$) \$500.00	Payee address; 539 W Commerce St	City; Dallas	State; TX	Zip Code 75208
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AccountingBanking		Description Campaign treasurer	
	<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: 10	2 FILER NAME Jason A Metcalf	3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2024	5 Payee name Joy CPA LLC	
6 Amount (\$) \$500.00	7 Payee address; 539 W Commerce St	City; State; Zip Code Dallas TX 75208
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AccountingBanking	(b) Description Campaign treasurer
	(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 04/30/2024	Payee name Joy CPA LLC	
Amount (\$) \$500.00	Payee address; 539 W Commerce St	City; State; Zip Code Dallas TX 75208
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AccountingBanking	Description Campaign treasurer
	<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 05/31/2024	Payee name Joy CPA LLC	
Amount (\$) \$500.00	Payee address; 539 W Commerce St	City; State; Zip Code Dallas TX 75208
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AccountingBanking	Description Campaign treasurer
	<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	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: 10	2 FILER NAME Jason A Metcalf	3 Filer ID (Ethics Commission Filers)
4 Date 06/28/2024	5 Payee name Joy CPA LLC	
6 Amount (\$) \$500.00	7 Payee address; 539 W Commerce St	City; State; Zip Code Dallas TX 75208
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AccountingBanking	(b) Description Campaign treasurer
	(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		
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		
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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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: 1	2 FILER NAME Jason A Metcalf	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ \$0.00
5 Date 04/24/2024	6 Payee name Thomas Media Company	
7 Amount (\$) \$1,500.00	8 Payee address; 518 Azalea Drive	City; State; Zip Code Grapevine TX 76051
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense	(b) Description Video production
	(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	
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		

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.

REFID: 2024 JUL 16 AM 11:34
ELECT: 2024 JUL 16 AM 11:34
DATE: 2024 JUL 16 AM 11:34

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: 1
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 01/03/2024	5 Name of person from whom amount is received Chain Bridge Bank, N.A. 6 Address of person from whom amount is received; City; State; Zip Code 1445-A Laughlin Ave McLean VA 22101	8 Amount (\$) \$5.45
7 Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received 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	Amount (\$)
Date	Name of person from whom amount is received 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	Amount (\$)
Date	Name of person from whom amount is received 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	Amount (\$)
Date	Name of person from whom amount is received 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	Amount (\$)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		