CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE / MI OFFICE USE ONLY **OFFICEHOLDER** Mr. Jason Α NAME Date Received NICKNAME LAST SUFFIX ELECTRONICALLY FILED Metcalf 07/15/2024 4 CANDIDATE / APT / SUITE #: ADDRESS / PO BOX; CITY: STATE ZIP CODE OFFICEHOLDER 9032 Clearhurst Dr Dallas TX 75238 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (214 537-5697 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN MΙ **TREASURER** Mr. Rohit J Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Joy STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: 7 CAMPAIGN ZIP CODE **TREASURER** 539 W Commerce St Suite 1525 **Dallas** TX 75208 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE (469 780-4877 9 REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Year Year Month COVERED 01 2024 **THROUGH** 2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Month Description ✔ General Special 2024 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) County Commissioner-District #1 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS **GENERAL** Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC

Forms provided by Texas Ethics Comp	niccion	

COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer ID (Ethics Co	mmission Filers)
Jason A Metcalf				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAN CONTRIBUTIONS MADE ELECTE	TEES OF LOANS, OR	\$.00	
	2. TOTAL POLITICAL CONTRIBU (OTHER THAN PLEDGES, LOANS		\$ 25,197.0	0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$1,786.53	
	4. TOTAL POLITICAL EXPENDIT	URES	\$ 25,460.3	32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LA	ST DAY \$32,248.8	31
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING		\$ 29,510.0	00
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, tha	t the accompanying report is #2	lo-and correct and incli	udes all information
Please complete either option below. (1) Affidavit NOTARY STAMP/SEAL				
Sworn to and subscribed	before me by	this the	day of	
	which, witness my hand and seal of office.			
Signature of officer administe	ering oath Printed name of office	er administering oath	Title of office	r administering oath
		DR .		
(2) Unsworn Declarati	on			
My name is		, and my date of birth i	s	
My address is			,,, _	
	(street)	(city)	(state) (zip code)	NED 2005 TOTAL
Executed in	County, State of	, on the day of(mon	th) , 20(year)	2
		Signature of Cano	lidate/Officeholder (Dec	larant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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

SCHEDULE A1

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

TI	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 15
2 FILER NAM Jason A M		3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2024	5 Full name of contributor out-of-state PAC (ID#: Craig Railsback	\$50.00
	6 Contributor address; City; State; 7052 Little Harbor Huntington CA 926	Zip Code 48
8 Principal od Pilot	The state of the s	yer (See Instructions) can Airlines
Date 01/15/2024	Full name of contributor	\$25.00
	ANNUAL NA LINE MY TIME IN	Zip Code
Principal occ Retired	cupation / Job title (See Instructions) Emplo Retire	yer (See Instructions) d
Date 01/19/2024	Full name of contributor	\$50.00
	3000/10/000 AND MAD AND AND AND AND AND AND AND AND AND A	Zip Code
Principal oc	cupation / Job title (See Instructions) Emplo	oyer (See Instructions) Kargo
Date 01/22/2024	Full name of contributor	\$25.00
	Contributor address; City; State; 1200 main st #2004 Dallas TX 752	Zip Code
Principal oc Business		pyer (See Instructions) Image Transport
1		

SCHEDULE A1

TI	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
	in manuation during explains now to complete this form.	15
2 FILER NAM Jason A M		3 Filer ID (Ethics Commission Filers)
4 Date 01/23/2024	Full name of contributor	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 9715 Windham Drive Dallas TX 75243	
8 Principal od Substitue	ccupation / Job title (See Instructions) 9	tions)
Date 01/25/2024	Full name of contributor out-of-state PAC (ID#:) Larry Richardson	Amount of contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 3320 Reagan Street Dallas TX 75219	
Principal occ Sales	cupation / Job title (See Instructions) Employer (See Instructions) Burrus and Matthews	•
Date 01/27/2024	Full name of contributor	Amount of contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 6964 TOKALON Drive Dallas TX 75214	
Principal occ Retired	cupation / Job title (See Instructions) Employer (See Instructions) Retired	etions)
Date 01/29/2024	Full name of contributor out-of-state PAC (ID#:) Bill Underhill	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 9201 Moss Farm In Dallas TX 75243	
Principal occ Retired	cupation / Job title (See Instructions) Employer (See Instructions) Retired	ctions)

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

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 f	form.	1 Total pages Schedule A1: 15
2 FILER NAME Jason A Me			3 Filer ID (Ethics Commission Filers)
4 Date 01/30/2024	5 Full name of contributor	ID#:)	7 Amount of contribution (\$) \$24.00
	6 Contributor address; City; 3612 Villanova Street University TX	State; Zip Code	
8 Principal occ Attorney	upation / Job title (See Instructions)	Employer (See Instruct Futurewei Technolgie	
Date 01/30/2024	Full name of contributor	ID#:)	Amount of contribution (\$) \$250.00
	Contributor address; City; 9511 Angelridge Dallas TX	State; Zip Code	
Principal occu Real Estate	ipation / Job title (See Instructions)	Employer (See Instruct Self	tions)
Date 02/01/2024	Full name of contributor	ID#:)	Amount of contribution (\$) \$50.00
	Contributor address; City; 11333 Earlywood Dr Dallas TX	State; Zip Code	
Principal occi Marketing N	Jupation / Job title (See Instructions) Manager	Employer (See Instruc American Heart Asso	
Date 02/05/2024	Full name of contributor	ID#:)	Amount of contribution (\$) \$100.00
	Contributor address; City; 8927 White Pine Dallas TX	State; Zip Code	
Principal occi Retired	upation / Job title (See Instructions)	Employer (See Instruc Retired	tions)
		mile way water of the control of the	

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

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

Th	e Instruction Guide explains how to complete this form		1 Total pages Schedule A1: 15
2 FILER NAMI Jason A Me			3 Filer ID (Ethics Commission Filers)
4 Date 02/05/2024	5 Full name of contributor out-of-state PAC (ID#: Tommy Cho)	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; Sta 186 Avery Rd Garrison NY	nte; Zip Code 75205	
8 Principal occ Banker	D	Employer (See Instruction	ons)
Date 02/08/2024	Full name of contributor out-of-state PAC (ID#: Erica Bachmann		Amount of contribution (\$) \$50.00
	Contributor address; City; Sta 4411 McKinney Ave. 7 Dallas TX	ate; Zip Code 75205	
Principal occ Attorney		Employer (See Instruction	ons)
Date 02/11/2024	Full name of contributor		Amount of contribution (\$) \$250.00
		ate; Zip Code 75230	
Principal occ Real Estate		Employer (See Instructi Walker & Dunlop	ons)
Date 02/13/2024	Full name of contributor		Amount of contribution (\$) \$200.00
	AND	ate; Zip Code 75006	
Principal occ Retired	X	Employer (See Instructi Retired	ions)

SCHEDULE A1

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

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 15
2 FILER NAME Jason A Me		3 Filer ID (Ethics Commission Filers)
4 Date 02/13/2024	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) \$100.00
8 Principal occ Retired	upation / Job title (See Instructions) 9 Employer (See Instructions) Retired	tructions)
Date 02/13/2024	Full name of contributor	\$100.00
Principal occu Retired	upation / Job title (See Instructions) Employer (See Instructions) Retired	tructions)
Date 02/19/2024	Full name of contributor	\$100.00
	Contributor address; City; State; Zip Code 9405 Buxhill Drive Dallas TX 75238	
Principal occu Trainer	upation / Job title (See Instructions) Employer (See Instructions) American Heart A	
Date 02/24/2024	Full name of contributor	\$100.00
Principal occi Substitute 1	upation / Job title (See Instructions) Feacher Employer (See Instructions) RISD	structions)

SCHEDULE A1

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

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 15
2 FILER NAM Jason A Me		3 Filer ID (Ethics Commission Filers)
4 Date 02/27/2024	5 Full name of contributor	7 Amount of contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code 2211 Cedar St Abilene TX 79601	
8 Principal occ President	cupation / Job title (See Instructions) 9	
Date 03/01/2024	Full name of contributor	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 9715 Windham Drive Dallas TX 75243	
Principal occ Substitute T	upation / Job title (See Instructions) Employer (See Instructions) Entructions RISD	ctions)
Date 03/06/2024	Full name of contributor	Amount of contribution (\$) \$208.00
	Contributor address; City; State; Zip Code 7212 Helsem Bend Dallas TX 75230	
Principal occ Retired	cupation / Job title (See Instructions) Employer (See Instructions) Retired	ctions)
Date 03/06/2024	Full name of contributor	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 9715 Windham Drive Dallas TX 75243	
Principal occ Substitute	cupation / Job title (See Instructions) Teacher Employer (See Instructions) RISD	ctions)

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. 2 FILER NAME Jason A Metcalf 3 Filer ID (Ethics Commission Filers) 3 Filer ID (Ethics Commission Filers) 4 Date 03/08/2024 5 Full name of contributor Craig Railsback 6 Contributor address; 7052 Little Harbor Huntington CA 92648 8 Principal occupation / Job title (See Instructions) Pilot Date Contributor address; City; State; Zip Code Amount of contribution (\$) Amount of contribution (\$) \$50.00 Amount of contribution (\$) \$50.00 Amount of contribution (\$) \$50.00 Pilot Employer (See Instructions) Amount of contribution (\$) \$50.00 Amount of contribution (\$) \$50.00 Amount of contribution (\$) \$50.00 Pilot Principal occupation / Job title (See Instructions) Architect Full name of contributor Dallas TX 75238 Amount of contribution (\$) \$50.00 Amount of contribution (\$) \$50.00 Amount of contribution (\$) \$50.00			
Jason A Metcalf 4 Date 03/08/2024	The	e Instruction Guide explains how to complete this form.	
03/08/2024 Craig Railsback 6 Contributor address; City; State; Zip Code 7052 Little Harbor Huntington CA 92648 8 Principal occupation / Job title (See Instructions) American Airlines Date 03/15/2024 Pull name of contributor Donglin Chen Contributor address; City; State; Zip Code 9023 Clearhurst drive Dallas TX 75238 Principal occupation / Job title (See Instructions) Stantec Employer (See Instructions) Stantec Employer (See Instructions) Stantec Amount of contribution (\$) \$50.00	A182 1924 725 775 775 7		3 Filer ID (Ethics Commission Filers)
6 Contributor address; City; State; Zip Code 7052 Little Harbor Pacab 8 Principal occupation / Job title (See Instructions) Pilot Pull name of contributor Out-of-state PAC (ID#: State; Zip Code 03/15/2024 Principal occupation / Job title (See Instructions) Contributor address; Oity; State; Zip Code Principal occupation / Job title (See Instructions) Architect Stantec Date 03/17/2024 Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Stantec Amount of contribution (\$) Stantec Amount of contribution (\$) Amount of contribution (\$) Stantec Amount of contribution (\$) Stantec Contributor address; City: State; Zip Code Contributor address; City: State; Zip Code		Craig Railsback	
Pilot Date 03/15/2024 Pull name of contributor		6 Contributor address; City; State; Zip Code 7052 Little Harbor Huntington CA 92648	
Donglin Chen Contributor address; City; State; Zip Code 9023 Clearhurst drive Dallas TX 75238 Principal occupation / Job title (See Instructions) Architect Employer (See Instructions) Stantec Date 03/17/2024 Full name of contributor Tom Barksdale Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code			tions)
Contributor address; City; State; Zip Code 9023 Clearhurst drive Dallas TX 75238 Principal occupation / Job title (See Instructions) Architect Stantec Date 03/17/2024 Full name of contributor		Donglin Chen	
Architect Date 03/17/2024 Full name of contributor		Contributor address; City; State; Zip Code	
03/17/2024 Tom Barksdale \$500.00 Contributor address; City; State; Zip Code			tions)
Contributor address; City; State; Zip Code		Tom Barksdale	Control of the contro
To to s ervay st Dallas 1X /5215		The state of the s	
Principal occupation / Job title (See Instructions) Marketing Employer (See Instructions) Self			l ctions)
Date Full name of contributorout-of-state PAC (ID#:) Amount of contribution (\$) 03/20/2024 Brenda Brodrick \$1,000.00	00 11 20 10	Brenda Brodrick	
Contributor address; City; State; Zip Code 13531 Rawhide Pkwy Farmers TX 75234	9	Contributor address; City; State; Zip Code 13531 Rawhide Pkwy Farmers TX 75234	
Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired	SOL CALIFORNIA CASO STANCES CONTRACTOR	→ POPULA PRINCIPLE AND PROPERTY OF A PROPER	ctions)

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 Me		3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2024	5 Full name of contributor	\$50.00
		o Code
8 Principal occi Retired	upation / Job title (See Instructions) 9	(See Instructions)
Date 04/11/2024	Full name of contributor	\$50.00
	Contributor address; City; State; Zi 8824 Bretshire Drive Dallas TX 75228	p Code
Principal occu Retired	pation / Job title (See Instructions) Employe Retired	(See Instructions)
Date 04/17/2024	Full name of contributor	\$10.00
	Contributor address; City; State; Zi 9032 Clearhurst Drive Dallas TX 75238	p Code
Principal occu Nurse		r (See Instructions) hwestern
Date 04/17/2024	Full name of contributor out-of-state PAC (ID#:Phillip Russell	\$100.00
	Contributor address; City; State; Zij 12427 Veronica Cir Farmers TX 75234	1
Principal occu Retired	pation / Job title (See Instructions) Employe Retired	r (See Instructions)

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:
2 FILER NAME Jason A Met		3 Filer ID (Ethics Commission Filers)
4 Date 04/22/2024	5 Full name of contributor	7 Amount of contribution (\$) \$100.00
8 Principal occu Real Estate	upation / Job title (See Instructions) 9	ctions)
Date 04/25/2024	Full name of contributor 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 occup Architect	pation / Job title (See Instructions) Employer (See Instructions) Stantec	etions)
Date 04/26/2024	Full name of contributor	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 2208 Rita Ct Irving TX 75060	
Principal occu Retired	pation / Job title (See Instructions) Employer (See Instructions) Retired	ctions)
Date 04/30/2024	Full name of contributor out-of-state PAC (ID#:) Clay Cooley	Amount of contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code PO Box 153526 Irving TX 75015	
Principal occu Car Sales	pation / Job title (See Instructions) Employer (See Instructions) Clay Cooley Investm	

SCHEDULE A1

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

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 15
2 FILER NAM Jason A M		3 Filer ID (Ethics Commission Filers)
4 Date 05/12/2024	Full name of contributor	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code PO Box 571213 Dallas TX 75357	
8 Principal of Retired	ccupation / Job title (See Instructions) 9	tructions)
Date 05/13/2024	Full name of contributor	\$5,000.00
	Contributor address; City; State; Zip Code 5940 Watson Ave Dallas TX 75225	
Principal occ Retired	cupation / Job title (See Instructions) Employer (See Instructions) Retired	tructions)
Date 05/13/2024	Full name of contributor	\$100.00
	Contributor address; City; State; Zip Code 2816 Southwood Drive Dallas TX 75223	
Principal oc Retired	cupation / Job title (See Instructions) Employer (See Instructions) Retired	structions)
Date 05/14/2024	Full name of contributor) Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 310 Commerce Street Dallas TX 75226	
Principal oc Entrepren	cupation / Job title (See Instructions) Employer (See Instructions) eur Self	structions)

SCHEDULE A1

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

	,	
TI	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 15
2 FILER NAM Jason A M	1 C D	3 Filer ID (Ethics Commission Filers)
4 Date 05/14/2024	5 Full name of contributor	7 Amount of contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code 4514 Cole Avenue, Suite Dallas TX 75205 1600	
8 Principal oc Investmen	t Manager Scupation / Job title (See Instructions) 9	tions)
Date 05/15/2024	Full name of contributor	Amount of contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 1837 Eastern Hills Drive Garland TX 75043	
Principal occ Exec Direct	cupation / Job title (See Instructions) tor Employer (See Instructions) American Constitution	
Date 05/15/2024	Full name of contributor	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 6228 Vickey Blvd Dallas TX 75214	
Principal occ Politics	cupation / Job title (See Instructions) Employer (See Instructions) Self	tions)
Date 05/15/2024	Full name of contributor	Amount of contribution (\$) \$100.00
-	Contributor address; City; State; Zip Code 9446 Crestedge Drive Dallas TX 75238	
The section of the se	cupation / Job title (See Instructions) Employer (See Instructions) Self	tions)
		r.
	8	
ĺ	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED

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 Met	calf	3 Filer ID (Ethics Commission Filers)		
4 Date 05/15/2024	5 Full name of contributor out-of-state PAC (ID#:) Grant Laughlin	7 Amount of contribution (\$) \$100.00		
	6 Contributor address; City; State; Zip Code 4137 Greenbrier Drive Dallas TX 75225			
8 Principal occu Community I	ripation / Job title (See Instructions) Relations 9 Employer (See Instru LCRC	ctions)		
Date 05/15/2024	Full name of contributor	Amount of contribution (\$) \$100.00		
	Contributor address; City; State; Zip Code tbd TX 75000			
Principal occup Anesthesia	pation / Job title (See Instructions) Employer (See Instru Methodist Hospital	ctions)		
Date 05/15/2024	Full name of contributor	Amount of contribution (\$) \$500.00		
	Contributor address; City; State; Zip Code 2123 Cheyenne Park Lane Southlake TX 76092			
Principal occu Retired	pation / Job title (See Instructions) Employer (See Instru Retired	ictions)		
Date 05/15/2024	Full name of contributor out-of-state PAC (ID#:) Jamie Kohlmann	Amount of contribution (\$) \$100.00		
	Contributor address; City; State; Zip Code 8310 Midway Rd Dallas TX 75209			
Principal occu Real Estate	pation / Job title (See Instructions) Employer (See Instru Self	ictions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additiona			

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.	Total pages Schedule A1: 15
2 FILER NAME Jason A Met	calf	3 Filer ID (Ethics Commission Filers)
4 Date 05/15/2024	5 Full name of contributor	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 9715 Windham Drive Dallas TX 75243	
8 Principal occu Substitute To	pation / Job title (See Instructions) eacher 9	tions)
Date 05/15/2024	Full name of contributor	Amount of contribution (\$) \$250.00
Principal occu Retired	pation / Job title (See Instructions) Employer (See Instructions) Retired	ctions)
Date 05/15/2024	Full name of contributor	Amount of contribution (\$) \$200.00
Principal occu Hairdresser	pation / Job title (See Instructions) Employer (See Instructions) Self	etions)
Date 05/15/2024	Full name of contributor out-of-state PAC (ID#:) Lynn Davenport Contributor address; City; State; Zip Code 7120 Copperleaf Dallas TX 75238	Amount of contribution (\$) \$100.00
Principal occu Retired	pation / Job title (See Instructions) Employer (See Instructions) Retired	ctions)

SCHEDULE A1

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

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 15
2 FILER NAM Jason A Me		3 Filer ID (Ethics Commission Filers)
4 Date 05/15/2024	Full name of contributor	7 Amount of contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code P.O. Box 851464 Mesquite TX 75185	
8 Principal occ	cupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 05/15/2024	Full name of contributor	Amount of contribution (\$) \$100.00
Principal occ Investment	upation / Job title (See Instructions) Banker Employer (See Instructions) Self	tions)
Date 05/15/2024	Full name of contributor	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 1109 Misty Woods Ct Bedford TX 76021	
Principal occ Attorney	Employer (See Instructions) Self	tions)
Date 05/15/2024	Full name of contributor	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 2717 State Street Dallas TX 75204	
Principal occ Entreprene	cupation / Job title (See Instructions) Employer (See Instructions) Self	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	JEEDED

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 Me	The state of the s		3 Filer ID (Ethics Commission Filers)	
4 Date 05/16/2024	5 Full name of contributor	David Garcia		
-	6 Contributor address; City; State;	Zip Code 081		
8 Principal occ Aetna		loyer (See Instructi Developer	ons)	
Date 05/16/2024	Full name of contributor		Amount of contribution (\$) \$100.00	
	Contributor address; City; State;	Zip Code 220		
Principal occu Artist	pation / Job title (See Instructions) Emp	loyer (See Instructi	ons)	
Date 06/18/2024	Full name of contributor		Amount of contribution (\$) \$500.00	
	Contributor address; City; State;	Zip Code 5041		
Principal occu Retired	pation / Job title (See Instructions) Emp Reti	loyer (See Instructi red	ions)	
Date 06/22/2024	Full name of contributor		Amount of contribution (\$) \$75.00	
	Contributor address; City; State;	Zip Code 3243		
Principal occu Substitute T		loyer (See Instructi	ions)	

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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor		Travel In District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide explains	s how to complete this form.		
1 Total pages Schedule F1:			3 Filer ID (Ethics	Commission Filers)
10	Jason A Metcalf			Haracan de la companya de la company
4 Date	5 Payee name			
04/24/2024	Thomas Media Company			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$5,500.00	518 Azalea Drive	Grapevine	TX	76051
8	(a) Category (See Categories listed at the top of this s	schedule) (b) Description		
PURPOSE	AdvertisingExpense	Video production	n	
OF	, tarer non-ig_xported	Video production		
EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Sc	chedule T. Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
04/24/2024	Thomas Media Company			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$2,000.00	518 Azalea Drive	Grapevine	TX	76051
	Category (See Categories listed at the top of this so	chedule) Description		
PURPOSE	AdvertisingExpense	Video production	n	
OF EXPENDITURE		•		
	Check if travel outside of Texas. Complete So	chedule T. Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
01/26/2024	Imaging Products Corp dba Buzz Prin	t		
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1,387.99	1850 Empire Central	Dallas	TX	75235
	Total (or)	Dallas	17	70200
	Category (See Categories listed at the top of this se	chedule) Description		
PURPOSE	PrintingExpense	Campaign brock	hures	
OF EXPENDITURE	1000	Al Section		
LAI LITOITUIL				
	Check if travel outside of Texas. Complete So	chedule T. Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/O	Н			
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEI	EDED	

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/Openations Made By
Candidate/Openations Made Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	· · · · · · · · · · · · · · · · · · ·	xpense Vages/Contract Labor	Travel Out Of District Other (enter a catego		
Credit Card Payment	The Instruction Guide explains how to o	complete this form.			
Total pages Schedule F1: 10	2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics	Commission Filers)	
Date	5 Payee name				
01/15/2024	Texas Trade Graphics				
Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$3,929.48	2935 Irving, Suite 201	Dallas	TX	75247	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	AdvertisingExpense	Campaign signs		*	
OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
01/01/2024	Dyce Communications LLC				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$1,250.00	1612 Carpenter Dr	Plano	TX	75074	
	Category (See Categories listed at the top of this schedule)	Description	- 1		
PURPOSE	ConsultingExpense	General consulti	ng		
OF EXPENDITURE			3		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	ng expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
02/26/2024	Custom Ink				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$326.05	2910 District Ave	Fairfax	VA	22031	
	Category (See Categories listed at the top of this schedule)	Description			
DUBBOSE			rto		
PURPOSE OF EXPENDITURE	PrintingExpense	Campaign T-shir	11.5		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
experience to belieff 0/01		001150111 = 1011=			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	:טבט		

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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense mittee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Cabadula Etc	3 EU ED N				2 File ID (File)	
1 Total pages Schedule F1: 10		Metcalf			3 FIIER ID (Ethi	cs Commission Filers)
4 Date	5 Payee na	ame				
04/07/2024	Office D	epot				
6 Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
\$297.29	11615 N C	entral Expressway		Dallas	TX	75243
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE	OfficeO	verheadRentalExpense		Office supplies		
OF EXPENDITURE				11		
	(c)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austir	n, TX, officeholder livir	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
05/15/2024	Oak Hig	hlands Brewery				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$531.97	10484 Broo	kwood Rd		Dallas	TX	75238
						. 0200
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE	EventEx	pense		Room rental, food, beverages for event		
OF EXPENDITURE						
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austir	n, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
05/25/2024	The Gur	nter Hotel San Antonio Riverw	alk			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$619.23	205 E Hous	ston St		San Antoni	o TX	78205
	Category	(See Categories listed at the top of this se	chedule)	Description		
PURPOSE	TravelO	utOfDistrict		Lodging for party	y convention	
OF EXPENDITURE	Legisland and the second	- The Secretary Control of the Secretary Contr				
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	n, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	АТ	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Legal Services Salaries/Wages/Contract Labor	
	The Instruction Guide explain	s 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	5 Payee name		I
02/28/2024	Canva		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$305.00	3212 E Cesar Chavez St, Bldg 1, Ste 13	00 Austin	TX 78702
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE	PrintingExpense	Stickers	
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete So	chedule T. Check if Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name	THE STATE OF THE S	
02/15/2024	Canva		9
Amount (\$)	Payee address;	City;	State; Zip Code
\$14.99	3212 E Cesar Chavez St, Bldg 1, Ste 130	00 Austin	TX 78702
	Category (See Categories listed at the top of this se	chedule) Description	
PURPOSE	OfficeOverheadRentalExpense	Subscription	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete So	chedule T. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
03/15/2024	Canva		
Amount (\$)	Payee address;	City;	State; Zip Code
\$14.99	3212 E Cesar Chavez St, Bldg 1, Ste 130	00 Austin	TX 78702
	Category (See Categories listed at the top of this se	chedule) Description	
PURPOSE	OfficeOverheadRentalExpense	Subscription	
OF EXPENDITURE	and the state of t	33333.,2331	
	Check if travel outside of Texas. Complete So	chedule T. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

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

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V	Vages/Contract Labor	Travel Out Of District Other (enter a catego		
Total pages Schedule F1:	The Instruction Guide explains how to a	complete this form.	3 Filer ID (Ethics	Commission Filers)	
10	Jason A Metcalf				
Date 04/15/2024	5 Payee name Canva				
Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$14.99	3212 E Cesar Chavez St, Bldg 1, Ste 1300	Austin	TX	78702	
((a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	OfficeOverheadRentalExpense	Subscription			
OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
05/15/2024	Canva				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$14.99	3212 E Cesar Chavez St, Bldg 1, Ste 1300	Austin	TX	78702	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	OfficeOverheadRentalExpense	Subscription			
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	iving expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name	distributed in			
06/15/2024	Canva				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$30.00	3212 E Cesar Chavez St, Bldg 1, Ste 1300	Austin	TX	78702	
		Austin	IX	10102	
9	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	OfficeOverheadRentalExpense	Subscription			
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	etin, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment			Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER N		11011110	ompiete una ronn.	3 Filer IC) (Ethics	Commission Filers)
10		A Metcalf				, ,	
4 Date 01/16/2024	5 Payee na Mailchir			1		Manual Control	
6 Amount (\$)	7 Payee a	iddress;		City;	S	tate;	Zip Code
\$362.44		e De Leon Ave NE, Ste 5000		Atlanta		SA	30308
8	(a) Catego	ory (See Categories listed at the top of this	s schedule)	(b) Description			
PURPOSE OF	ALCO 20 1000	singExpense		Email marketing			
EXPENDITURE							
New Section (Control of Control o	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeho	older living	expense
9 Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name		Office sought			Office held
Date	Payee na	ame					
04/25/2024	Oak Hig	ghlands Brewery					
Amount (\$)	Payee a			City;	S	tate;	Zip Code
\$162.38	10484 Broo	ckwood Rd		Dallas	T	X	75238
	Categor	y (See Categories listed at the top of this	schedule)	Description		- FILE-PL	
PURPOSE OF EXPENDITURE	EventEx	kpense		Deposit for event	t		
har so man and a		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	ı, TX, officeho	older living	expense
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought			Office held
Date	Payee n	name					- Inches
04/12/2024	Isaiah C	alhoun					
Amount (\$)	Payee a			City;	S	tate;	Zip Code
\$464.00	622 N Wini	netka Ave		Dallas	9	TX	75208
	Categor	y (See Categories listed at the top of this s	schedule)	Description			
PURPOSE OF EXPENDITURE	Salaries	sWagesContractLabor		General campaig	gn labor		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	ı, TX, officehc	older living	expense
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		***************************************	Office held
	AT	TTACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED		

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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Ages/Contract Labor Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Jason A Metcalf	-	3 Filer ID (Ethics Commission Filers)		
4 Date 04/24/2024	5 Payee name Isaiah Calhoun				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$456.00	622 N Winnetka Ave	Dallas	TX 75208		
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description			
PURPOSE	SalariesWagesContractLabor	General campa	ign labor		
OF EXPENDITURE					
EXPENDITORE					
	(c) Check if travel outside of Texas. Complete Sci	hedule T. Check if Aust	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name	composition assessed the section of			
05/17/2024	Isaiah Calhoun				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$760.00	622 N Winnetka Ave	Dallas	TX 75208		
	Category (See Categories listed at the top of this sc	hedule) Description			
PURPOSE	SalariesWagesContractLabor	General campaign labor			
OF EXPENDITURE	-				
	Check if travel outside of Texas. Complete Sci	nedule T. Check if Aust	in, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH		Office sought	Office field		
Date	Payee name				
06/04/2024	Isaiah Calhoun				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$232.00	622 N Winnetka Ave	Dallas	TX 75208		
	Category (See Categories listed at the top of this so	hedule) Description			
PURPOSE	SalariesWagesContractLabor	General campa	ign labor		
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Aust	in, 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 NE	EDED		

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment			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	5 Payee name				
01/10/2024	Joy CPA LLC				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$500.00	539 W Commerce St	Dallas	TX 75208		
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description			
PURPOSE	AccountingBanking	Campaign treas	surer		
OF		J 24			
EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Sci	hedule T. Check if Aust	tin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
01/31/2024	Joy CPA LLC				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$500.00	539 W Commerce St	Dallas	TX 75208		
	Category (See Categories listed at the top of this so	hedule) Description			
	AccountingBanking	Campaign treas	Curor		
PURPOSE OF	AccountingBanking	Campaign treas	sulei		
EXPENDITURE					
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Aust	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
02/29/2024	Joy CPA LLC				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$500.00	539 W Commerce St	Dallas	TX 75208		
100000000000000000000000000000000000000	Category (See Categories listed at the top of this so	hedule) Description			
PURPOSE	AccountingBanking	Campaign treas	surer		
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Sci	nedule T. Check if Aust	tin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDI II E AS NE	EDED		
		o. The controlled NE			

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor	Travel Out Of Distric Other (enter a catego	
1 Total pages Schedule F1:	P		3 Filer ID (Ethics	Commission Filers)
4 Date 03/29/2024	5 Payee name Joy CPA LLC			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$500.00	539 W Commerce St	Dallas	TX	75208
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		n. 1100
PURPOSE	AccountingBanking	Campaign treasurer		
OF EXPENDITURE		Local Company of the State of t		
LAI LIIDII GILL	(c) Check if travel outside of Texas. Complete Schedule T.			
			tin, TX, officeholder living	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name	ustrii - Nimia die - Nordas Alf		
04/30/2024	Joy CPA LLC			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$500.00	539 W Commerce St	Dallas	TX	75208
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	AccountingBanking	Campaign treasurer		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
05/31/2024	Joy CPA LLC			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$500.00	539 W Commerce St	Dallas	TX	75208
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	AccountingBanking	Campaign treasurer		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	j expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Printing Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	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 (\$)	7 Payee address;	City;	State; Zip Code
\$500.00	539 W Commerce St	Dallas	TX 75208
8	(a) Category (See Categories listed at the top of this s	schedule) (b) Description	
PURPOSE	AccountingBanking	Campaign treas	urer
OF EXPENDITURE			
LAPENDITORE			
	(c) Check if travel outside of Texas. Complete Sc		n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this so	chedule) Description	
PURPOSE OF			
EXPENDITURE			
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Austin	n, 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
		5 %	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	hedule) Description	
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin	n, 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 NEE	DED

UNPAID INCURRED OBLIGATIONS 33

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.				
	EXPENDITURE CAT	EGORIES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	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)	
0. 7 for 8 %		plains how to complete this form.	1	
1 Total pages Schedule F2:	2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OB	BLIGATIONS	\$ \$0.00	
5 Date	6 Payee name	www.sv.		
04/24/2024	Thomas Media Company			
7 Amount (\$)	8 Payee address;	City;	State; Zip Code	
\$1,500.00	518 Azalea Drive	Grapevii	ne TX 76051	
9 TYPE OF EXPENDITURE	✓ Political	Non-Political		
10	(a) Category (See Categories listed at the top of	of this schedule) (b) Description		
PURPOSE	AdvertisingExpense	Video production	on	
OF				
EXPENDITURE				
	(c) Check if travel outside of Texas. Compl	lete Schedule T. Check if Au	stin, TX, officeholder living expense	
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
	Payee name			
Date	r dyoc name			
Amount (\$)	Payee address;	City;	State; Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	of this schedule) Description		
EXPENDITURE	Charleff translate the firm of a			
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

SCHEDULE K

	sted information is not applicable, DO NOT inclu		2024 JUL 16 n the report.	AM 11: 34
The	Instruction Guide explains how to complete this fo	orm.	Total pages Sche 1	dule K:
2 FILER NAME Jason A Meto	calf		3 Filer ID (Ethic	s 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; 1445-A Laughlin Ave 	City; Stat	te; Zip Code VA 22101	8 Amount (\$) \$5.45
	7 Purpose for which amount is received Interest	Check if	political contribution	returned to filer
Date	Name of person from whom amount is received			Amount (\$)
	Address of person from whom amount is received;		ate; Zip Code	
	Purpose for which amount is received	Check if	political contribution	returned to filer
Date	Name of person from whom amount is received			Amount (\$)
	Address of person from whom amount is received;	City; Stat	te; Zip Code	
	Purpose for which amount is received	Check if p	political contribution	returned to filer
Date	Name of person from whom amount is received			Amount (\$)
	Address of person from whom amount is received;	City; Sta	ite; Zip Code	
	Purpose for which amount is received	Check if p	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE	AS NEEDED	