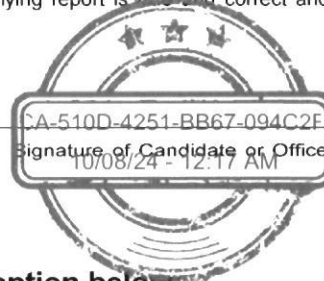


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**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)	\$ 2,447.79
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40,834.41
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 883.74
	4. TOTAL POLITICAL EXPENDITURES	\$ 42,379.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 30,703.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 31,958.52

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.



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	\$\$38,127.01
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$\$2,707.40
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	\$\$39,930.96
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$\$0.00
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$\$2,448.52
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$\$0.00

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: 9
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 07/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linda Kojeca	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1515 North Town East Mesquite TX 75150 Boulevard, 138-411		
8 Principal occupation / Job title (See Instructions) Bookkeeper		9 Employer (See Instructions) Stevens Transport
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elyce Mouskondis	Amount of contribution (\$) \$312.00
Contributor address; City; State; Zip Code 7212 Helsem Bend Dallas TX 75230		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ted Mumaw	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code 1231W Avenue A Garland TX 75040		
Principal occupation / Job title (See Instructions) School Bus Driver		Employer (See Instructions) Garland ISD
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Larry Novy	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 9450 Northcliff Dr Dallas TX 75218		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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: 9
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 07/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe Washburn	7 Amount of contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code 4303 Normandy Ave Dallas TX 75205	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steven Geiszler	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 3612 Villanova Street University TX 75225	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Futurewei Technologies, Inc.
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vince Luke	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 2950 McKinney Ave Dallas TX 75204	
Principal occupation / Job title (See Instructions) Solution Consultant		Employer (See Instructions) Duck Creek Technologies
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Janet Mariani	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 6904 Hill Forest Dr Dallas TX 75230	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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: 9
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 07/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elyce Mouskondis	7 Amount of contribution (\$) \$310.00
6 Contributor address; City; State; Zip Code 7212 Helsem Bend Dallas TX 75230		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mike Larsen	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 3320 Chapelwood Drive Sunnyvale TX 75182		
Principal occupation / Job title (See Instructions) Church Administrator		Employer (See Instructions) Preston Hollow UMC
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Philip Zacharias	Amount of contribution (\$) \$10.00
Contributor address; City; State; Zip Code 839 Kitty Hawk Ln Grand Prarie TX 75051		
Principal occupation / Job title (See Instructions) School Crossing Guard		Employer (See Instructions) All City Management Services
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alan Free	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 7524 Centenary Avenue Dallas TX 75225		
Principal occupation / Job title (See Instructions) Management Consulting		Employer (See Instructions) Argo-Efeso Consulting

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: 9
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 08/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ryan Strawn	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 4225 Bryn Mawr Dallas TX 75225		
8 Principal occupation / Job title (See Instructions) Minerals		9 Employer (See Instructions) Appalachian Mineral Partners
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dalton Lott	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2818 Sonterra Dr Cedar Hill TX 75104		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jeannie Forrest	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 6108 Glennox Ln Dallas TX 75214		
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions) Self
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bill Underhill	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 9201 Moss Farm In Dallas TX 75243		
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: 9
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott Miller	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 11109 Muddler Cv Austin TX 78733		
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marc Armstrong	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 22634 Neff Ct Land O Lakes FL 34639		
Principal occupation / Job title (See Instructions) Emergency Physician		Employer (See Instructions) Valesco
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kenneth Hollingsworth	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 234 Brookwood Dr Duncanville TX 75116		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Micheal Kornman	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 4005 Southwestern Blvd Dallas TX 75225		
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Align Capital Partners

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: 9
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 09/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Diane Dees	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1 Gettysburg Lane Richardson TX 75080		
8 Principal occupation / Job title (See Instructions) Interior Designer		9 Employer (See Instructions) Self
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doug Deason	Amount of contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code 10134 Waller Drive Dallas TX 75229		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Deason Capital Services
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Darwin Deason	Amount of contribution (\$) \$10,000.00
Contributor address; City; State; Zip Code 3953 Maple Ave Ste 150 Dallas TX 75219		
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) Deason Capital Services
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fleming Family Management Trust	Amount of contribution (\$) \$15,000.00
Contributor address; City; State; Zip Code 5420 LBJ Freeway Suite 1000 Dallas TX 75240		
Principal occupation / Job title (See Instructions) Private Equity		Employer (See Instructions) SunTx Capital Partners

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: 9
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Republican Party of Texas <hr/> 6 Contributor address; City; State; Zip Code PO Box 2206 Austin TX 78768	7 Amount of contribution (\$) \$750.01
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phillip Russell <hr/> 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 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Judith Colleen 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 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Evelyn Strausman <hr/> Contributor address; City; State; Zip Code 4320 Country Square Dr Carrollton TX 75006 #807	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: 9
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 07/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dallas Star Republican Women	7 Amount of contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code 4212 Kernack St Dallas TX 75211	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ann Hanson	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 8226 Old Moss Road Dallas TX 75231	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Evelyn Strausman	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 4320 Country Square Dr Carrollton TX 75006 #807	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roxan Staff	Amount of contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 6964 Tokalon Dr Dallas TX 75214	
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: 9
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marian Richmond	7 Amount of contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code 6904 Tokalon Dr Dallas TX 75214	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas Burrows	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 138 Wynnpage Dr Coppell TX 75019	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carole Bouton	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 629 San Carlos Garland TX 75043	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelly & Charles Secker	Amount of contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 6914 Tokalon Dr Dallas TX 75214	
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$2,447.79	
5 Date 08/08/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Judith Colleen Canion	8 Amount of Contribution \$ \$259.61	9 In-kind contribution description Postage stamps
7 Contributor address; City; State; Zip Code 9715 Windham Drive Dallas TX 75243		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Substitute Teacher		11 Employer (FOR NON-JUDICIAL)(See Instructions) RISD	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

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 08/09/2024	5 Payee name Install Connect, INC			
6 Amount (\$) \$2,000.00	7 Payee address; 505 W State St	City; Garland	State; TX	Zip Code 75040
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense		(b) Description Sign Install	
	(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 08/01/2024	Payee name Orbit Interactive, Inc.			
Amount (\$) \$8,560.83	Payee address; 2525 Ponce de Leon, Floor - 3rd	City; Coral Gables	State; FL	Zip Code 33134
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense		Description Digital advertising	
	<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 07/01/2024	Payee name Orbit Interactive, Inc.			
Amount (\$) \$933.34	Payee address; 2525 Ponce de Leon, Floor - 3rd	City; Coral Gables	State; FL	Zip Code 33134
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense		Description Digital advertising	
	<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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME Jason A Metcalf	3 Filer ID (Ethics Commission Filers)		
4 Date 09/18/2024	5 Payee name Imaging Products Corp dba Buzz Print			
6 Amount (\$) \$4,247.94	7 Payee address; 1850 Empire Central	City; Dallas	State; TX	Zip Code 75235
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PrintingExpense		(b) Description Door hangers	
	(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 07/11/2024	Payee name Imaging Products Corp dba Buzz Print			
Amount (\$) \$741.32	Payee address; 1850 Empire Central	City; Dallas	State; TX	Zip Code 75235
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PrintingExpense		Description Mailers	
	<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 07/23/2024	Payee name Keepers Press, LLC			
Amount (\$) \$2,890.28	Payee address; 520 Loma Vista	City; Heath	State; TX	Zip Code 75032
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PrintingExpense		Description Signs	
	<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 07/11/2024	5 Payee name Sam's Club			
6 Amount (\$) \$148.80	7 Payee address; 6185 Retail Rd	City; Dallas	State; TX	Zip Code 75231
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense		(b) Description Envelopes	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 09/10/2024	Payee name USPS			
Amount (\$) \$504.00	Payee address; 6640 Abrams Rd	City; Dallas	State; TX	Zip Code 75231
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense		Description Postage stamps	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 09/07/2024	Payee name USPS			
Amount (\$) \$1,022.00	Payee address; 10502 Markison Rd	City; Dallas	State; TX	Zip Code 75238
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense		Description Postage stamps	
	<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				

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 07/11/2024	5 Payee name Sam's Club			
6 Amount (\$) \$161.08	7 Payee address; 6185 Retail Rd	City; Dallas	State; TX	Zip Code 75231
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense		(b) Description Envelopes	
	(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 09/01/2024	Payee name Sam's Club			
Amount (\$) \$282.34	Payee address; 6185 Retail Rd	City; Dallas	State; TX	Zip Code 75208
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FoodBeverageExpense		Description Refreshments for volunteers	
	<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 08/02/2024	Payee name Sam's Club			
Amount (\$) \$144.97	Payee address; 6185 Retail Rd	City; Dallas	State; TX	Zip Code 75208
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense		Description Envelopes	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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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 08/17/2024	5 Payee name Sam's Club			
6 Amount (\$) \$48.32	7 Payee address; 6185 Retail Rd	City; Dallas	State; TX	Zip Code 75231
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense		(b) Description Envelopes	
	(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 07/03/2024	Payee name Sam's Club			
Amount (\$) \$201.68	Payee address; 6185 Retail Rd	City; Dallas	State; TX	Zip Code 75231
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FoodBeverageExpense		Description Refreshments for volunteers	
	<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 07/03/2024	Payee name Sam's Club			
Amount (\$) \$119.01	Payee address; 6185 Retail Rd	City; Dallas	State; TX	Zip Code 75231
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense		Description Misc supplies	
	<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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