

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: 25		
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mr.</div> <div>FIRST Jason</div> <div>MI A</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Metcalf</div> <div>SUFFIX</div> </div>	<div style="text-align: center; border-bottom: 1px solid black; padding-bottom: 5px;"><b>OFFICE USE ONLY</b></div> <div style="padding: 5px;"> Date Received  <b>ELECTRONICALLY FILED</b>  10/08/2024 </div> <div style="padding: 5px;"> Date Hand-delivered or Date Postmarked </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="padding: 5px;"> Date Processed </div> <div style="padding: 5px;"> Date Imaged </div>			
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX, 9032 Clearhurst Dr</div> <div>APT / SUITE #, Dallas</div> <div>CITY, TX</div> <div>STATE, TX</div> <div>ZIP CODE 75238</div> </div> <div style="margin-top: 5px;"><input type="checkbox"/> Change of Address</div>				
<b>5</b> CANDIDATE/ OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (214)</div> <div>PHONE NUMBER 537-5697</div> <div>EXTENSION</div> </div>				
<b>6</b> CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mr.</div> <div>FIRST Rohit</div> <div>MI J</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Joy</div> <div>SUFFIX</div> </div>				
<b>7</b> CAMPAIGN TREASURER ADDRESS	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE), 539 W Commerce St</div> <div>APT / SUITE #, Suite 1525</div> <div>CITY, Dallas</div> <div>STATE, TX</div> <div>ZIP CODE 75208</div> </div> <div style="margin-top: 5px;">(Residence or Business)</div>				
<b>8</b> CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (469)</div> <div>PHONE NUMBER 780-4877</div> <div>EXTENSION</div> </div>				
<b>9</b> REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>				
<b>10</b> PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month    Day    Year  07    01    2024 </div> <div>THROUGH</div> <div> Month    Day    Year  09    26    2024 </div> </div>				
<b>11</b> ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month    Day    Year  11    05    2024 </div> <div> ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special </div> </div>				
<b>12</b> OFFICE	<div style="display: flex; justify-content: space-between;"> <div>OFFICE HELD (if any)</div> <div><b>13</b> OFFICE SOUGHT (if known) County Commissioner-District #1</div> </div>				
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)	<div style="font-size: 0.8em;">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.</div> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-right: 1px solid black; padding: 5px; vertical-align: top;"> COMMITTEE TYPE   <input checked="" type="checkbox"/> GENERAL   <input type="checkbox"/> SPECIFIC </td> <td style="padding: 5px;"> COMMITTEE NAME   COMMITTEE ADDRESS   COMMITTEE CAMPAIGN TREASURER NAME   COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table> <div style="margin-top: 10px;"><input type="checkbox"/> Additional Pages</div>			COMMITTEE TYPE  <input checked="" type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE  <input checked="" type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS				

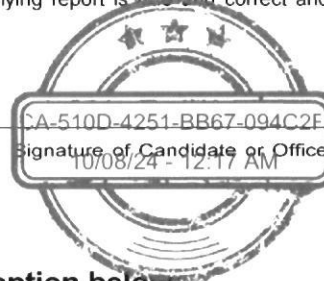
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Jason A Metcalf		<b>16 Filer ID (Ethics Commission Filers)</b> [REDACTED]
<b>17 CONTRIBUTION TOTALS</b>	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
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 883.74
	4. TOTAL POLITICAL EXPENDITURES	\$ 42,379.48
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 30,703.74
<b>OUTSTANDING LOAN TOTALS</b>	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  6 Contributor address; City; State; Zip Code 1515 North Town East Mesquite TX 75150 Boulevard, 138-411	7 Amount of contribution (\$) \$100.00
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  Contributor address; City; State; Zip Code 7212 Helsem Bend Dallas TX 75230	Amount of contribution (\$) \$312.00
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  Contributor address; City; State; Zip Code 1231W Avenue A Garland TX 75040	Amount of contribution (\$) \$20.00
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  Contributor address; City; State; Zip Code 9450 Northcliff Dr Dallas TX 75218	Amount of contribution (\$) \$25.00
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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 9
<b>2</b> FILER NAME Jason A Metcalf		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe Washburn  <b>6</b> Contributor address; City; State; Zip Code 4303 Normandy Ave Dallas TX 75205	<b>7</b> Amount of contribution (\$) \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steven Geiszler  Contributor address; City; State; Zip Code 3612 Villanova Street University TX 75225	Amount of contribution (\$) \$50.00
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  Contributor address; City; State; Zip Code 2950 McKinney Ave Dallas TX 75204	Amount of contribution (\$) \$250.00
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  Contributor address; City; State; Zip Code 6904 Hill Forest Dr Dallas TX 75230	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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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 6 Contributor address; City; State; Zip Code 7121 Helsem Bend Dallas TX 75230	7 Amount of contribution (\$) \$310.00
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 Contributor address; City; State; Zip Code 3320 Chapelwood Drive Sunnyvale TX 75182	Amount of contribution (\$) \$25.00
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 Contributor address; City; State; Zip Code 839 Kitty Hawk Ln Grand Prairie TX 75051	Amount of contribution (\$) \$10.00
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 Contributor address; City; State; Zip Code 7524 Centenary Avenue Dallas TX 75225	Amount of contribution (\$) \$50.00
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

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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 6 Contributor address; City; State; Zip Code 4225 Bryn Mawr Dallas TX 75225	7 Amount of contribution (\$) \$1,000.00
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 Contributor address; City; State; Zip Code 2818 Sonterra Dr Cedar Hill TX 75104	Amount of contribution (\$) \$100.00
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 Contributor address; City; State; Zip Code 6108 Glennox Ln Dallas TX 75214	Amount of contribution (\$) \$50.00
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 Contributor address; City; State; Zip Code 9201 Moss Farm In Dallas TX 75243	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 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott Miller 6 Contributor address; City; State; Zip Code 11109 Muddler Cv Austin TX 78733	7 Amount of contribution (\$) \$500.00
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 Contributor address; City; State; Zip Code 22634 Neff Ct Land O Lakes FL 34639	Amount of contribution (\$) \$250.00
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 Contributor address; City; State; Zip Code 234 Brookwood Dr Duncanville TX 75116	Amount of contribution (\$) \$25.00
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 Contributor address; City; State; Zip Code 4005 Southwestern Blvd Dallas TX 75225	Amount of contribution (\$) \$150.00
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

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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  6 Contributor address; City; State; Zip Code 1 Gettysburg Lane Richardson TX 75080	7 Amount of contribution (\$) \$100.00
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  Contributor address; City; State; Zip Code 10134 Waller Drive Dallas TX 75229	Amount of contribution (\$) \$5,000.00
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  Contributor address; City; State; Zip Code 3953 Maple Ave Ste 150 Dallas TX 75219	Amount of contribution (\$) \$10,000.00
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  Contributor address; City; State; Zip Code 5420 LBJ Freeway Suite Dallas TX 75240 1000	Amount of contribution (\$) \$15,000.00
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 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 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 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 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

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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 6 Contributor address; City; State; Zip Code 4212 Kernack St Dallas TX 75211	7 Amount of contribution (\$) \$250.00
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 Contributor address; City; State; Zip Code 8226 Old Moss Road Dallas TX 75231	Amount of contribution (\$) \$100.00
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 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
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roxan Staff Contributor address; City; State; Zip Code 6964 Tokalon Dr Dallas TX 75214	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

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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 6 Contributor address; City; State; Zip Code 6904 Tokalon Dr Dallas TX 75214	7 Amount of contribution (\$) \$500.00
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 Contributor address; City; State; Zip Code 138 Wynnpage Dr Coppell TX 75019	Amount of contribution (\$) \$50.00
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 Contributor address; City; State; Zip Code 629 San Carlos Garland TX 75043	Amount of contribution (\$) \$50.00
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 Contributor address; City; State; Zip Code 6914 Tokalon Dr Dallas TX 75214	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.		

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

**3** Filer ID (Ethics Commission Filers)

☐ Check if travel outside of Texas. Complete Schedule T.☐ Check if travel outside of Texas. Complete Schedule T.

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

Revised 1/1/2024

# 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
8 <b>PURPOSE OF EXPENDITURE</b>	(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
<b>PURPOSE OF EXPENDITURE</b>	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
<b>PURPOSE OF EXPENDITURE</b>	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  
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 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 ONLY 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 ONLY 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 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 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
8 <b>PURPOSE OF EXPENDITURE</b>	(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 09/10/2024	Payee name USPS			
Amount (\$) \$504.00	Payee address; 6640 Abrams Rd	City; Dallas	State; TX	Zip Code 75231
<b>PURPOSE OF EXPENDITURE</b>	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				
Candidate / Officeholder name				
Office sought				
Office held				
Date 09/07/2024	Payee name USPS			
Amount (\$) \$1,022.00	Payee address; 10502 Markison Rd	City; Dallas	State; TX	Zip Code 75238
<b>PURPOSE OF EXPENDITURE</b>	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				
Candidate / Officeholder name				
Office sought				
Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 <b>PURPOSE OF EXPENDITURE</b>	(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
<b>PURPOSE OF EXPENDITURE</b>	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
<b>PURPOSE OF EXPENDITURE</b>	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)

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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME Jason A Metcalf	3 Filer ID (Ethics Commission Filers)
4 Date 07/31/2024	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 Fee
	(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 08/30/2024	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 Fee
	<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 07/30/2024	Payee name Thomas Media Company	
Amount (\$) \$1,500.00	Payee address; 518 Azalea Drive	City; Grapevine
	State; TX	Zip Code 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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME Jason A Metcalf	3 Filer ID (Ethics Commission Filers)
4 Date 08/01/2024	5 Payee name Dallas County Republican Party	
6 Amount (\$) \$2,050.00	7 Payee address; 11617 N. Central Expressway, Suite 240	City; Dallas
	State; TX	Zip Code 75243
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense	(b) Description Texting
	(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 09/25/2024	Payee name Orbit Interactive, Inc.	
Amount (\$) \$10,680.86	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
Date 09/25/2024	Payee name Brett Rogers	
Amount (\$) \$525.00	Payee address; 4514 Edinburgh Dr	City; Tyler
	State; TX	Zip Code 75703
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description Marketing platform
	<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

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME Jason A Metcalf	3 Filer ID (Ethics Commission Filers)
4 Date 07/02/2024	5 Payee name FASTSIGNS	
6 Amount (\$) \$192.64	7 Payee address; 4714 Greenville Avenue	City; Dallas
	State; TX	Zip Code 75206
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) PrintingExpense	(b) Description 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
Date 08/21/2024	Payee name Custom Ink	
Amount (\$) \$370.65	Payee address; 2910 District Ave	City; Fairfax
	State; VA	Zip Code 22301
<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
Date 09/09/2024	Payee name Office Depot	
Amount (\$) \$50.87	Payee address; 5111 Greenville Ave	City; Dallas
	State; TX	Zip Code 75206
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	Description Office 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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME Jason A Metcalf	3 Filer ID (Ethics Commission Filers)		
4 Date 09/20/2024	5 Payee name Office Depot			
6 Amount (\$) \$17.32	7 Payee address; 5111 Greenville Ave	City; Dallas	State; TX	Zip Code 75206
8 <b>PURPOSE OF EXPENDITURE</b>	(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 <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name				
Office sought				
Office held				
Date 08/21/2024	Payee name Amazon			
Amount (\$) \$122.31	Payee address; 410 Terry Ave N	City; Seattle	State; WA	Zip Code 98109
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense		Description 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				
Date 09/11/2024	Payee name Amazon			
Amount (\$) \$32.46	Payee address; 410 Terry Ave N	City; Seattle	State; WA	Zip Code 98109
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense		Description 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				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME Jason A Metcalf	3 Filer ID (Ethics Commission Filers)
4 Date 09/26/2024	5 Payee name Stripe Inc.	
6 Amount (\$) \$499.20	7 Payee address; 354 Oyster Point Blvd	City; State; Zip Code South San Fran CA 94080
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) SolicitationFundraisingExpense	(b) Description Credit Card Processing Fees 7/1-9/26/2014
	(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
<b>PURPOSE OF EXPENDITURE</b>	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
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G 2	2 FILER NAME Jason A Metcalf	3 Filer ID (Ethics Commission Filers)
4 Date 07/21/2024	5 Payee name Office Depot	
6 Amount (\$) \$505.48 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 5111 Greenville Ave City: Dallas State: TX Zip Code: 75206	
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 09/16/2024	Payee name Sam's Club	
Amount (\$) \$727.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	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 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/03/2024	Payee name Enterprise Rent-A-Car	
Amount (\$) \$266.54 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 410 N Central Expressway City: Richardson State: TX Zip Code: 75080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	Description Car rental for parade
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 2	<b>2</b> FILER NAME Jason A Metcalf	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/26/2024	<b>5</b> Payee name USPS	
<b>6</b> Amount (\$) \$949.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 6640 Abrams Rd Dallas TX 75231	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	<b>(b)</b> Description Postage stamps
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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