# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

			1 Filer ID (Ethic	e Commission Filore)	2 Total pages fi	lod:
The C/OH Instruction	Guide explains how	to complete this form.	1 THE ID (Earle	s commission riters)	25	ieu.
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr.	FIRST <b>Jason</b>		A	400000000000000000000000000000000000000	USE ONLY
NAME	NICKNAME	LAST <b>Metcalf</b>		SUFFIX	Date Received ELECTRONICA 10/08/2024	LLY FILED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 9032 Clearhurst		CITY, STATE  TX	75238		
Change of Address						63
5 CANDIDATE/ OFFICEHOLDER PHONE	(214)	PHONE NUMBER 537-5697	EXTEN	NSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR Mr.	FIRST Rohit		мı J	Receipt #	Amount' \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	
		Joy			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS 539 W Commerce	e St	suite #. Cit	allas	STATE:	ZIP CODE 75208
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	(469 )	PHONE NUMBER 780-4877	EXTEN	ISION		
9 REPORT TYPE	January 15			Runoff	15th day af treasurer a (Officeholde	
	July 15	8th day before e	ICCIOII	xceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Yea	r
COVERED	07	01 /2024	THROUGH	09	26 /2024	
11 ELECTION	Month Day	Year Primary  2024		Other Description		
12 OFFICE	OFFICE HELD (if any)	·		E SOUGHT (if known Commissioner-D		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURE BY AND OFFICEHOLDERS ARE REQU	ES MAY HAVE BEEN MAD	E WITHOUT THE CAN	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	<b>✓</b> GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME			
		COMMITTEE CAMPAIGN TH	REASURER ADDRESS			
		GO ТО	PAGE 2			

## CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

### FORM C/OH **COVER SHEET PG 2**

15 C/OH NAME Jason A Metcalf			16 Filer ID (Ethics Co	ommission Filers)
Jason A Melcan				F 8000
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA     PLEDGES, LOANS, OR GUARA     CONTRIBUTIONS MADE ELEC		\$ 2,447.79	9
	2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAK	BUTIONS NS, OR GUARANTEES OF LOANS	\$ 40,834.4	41
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE.	\$ 883.74	
	4. TOTAL POLITICAL EXPEND	ITURES	\$ 42,379.4	48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	IONS MAINTAINED AS OF THE LA	\$30,703.7	74
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	FALL OUTSTANDING LOANS AS C G PERIOD	\$ 31,958.5	52
18 SIGNATURE   s	wear, or affirm, under penalty of perjury, the	nat the accompanying report is te	and correct and incl	udes all information
(1) Affidavit  NOTARY STAMP/SEA		A-510D-425	andidate of Office rold	er
Sworn to and subscribed	before me by	this the	day of	
Mark And Control (Control (Con	which, witness my hand and seal of office.	this the	day or	
Signature of officer administe	ring oath Printed name of offi	cer administering oath	Title of office	r administering oath
		OR		
(2) Unsworn Declaration	on			
My name is		, and my date of birth i	s	
My address is				
	(street)		(state) (zip code)	(country)
Executed in	County, State of	, on the day of (mon	, 20(year)	g-si
		Signature of Cand	idate/Officeholder (Dec	larant)

www.ethics.state.tx.us

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME  20 Filer ID (Ethics Con	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$\$38,127.01
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$\$2,707.40
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$\$0.00
4.	SCHEDULE E: LOANS	\$\$0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COL	NTRIBUTIONS \$\$39,930.96
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS \$\$2,448.52
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED \$\$0.00

#### SCHEDULE A1

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

TH	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAM Jason A M		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/07/2024	5 Full name of contributor 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 oc Bookkeepe	ger Stevens Transport  9 Employer (See Instructions) Stevens Transport	actions)
Date 07/03/2024	Full name of contributor	Amount of contribution (\$) \$312.00
Principal occ Retired	cupation / Job title (See Instructions)  Employer (See Instru Retired	ctions)
Date 07/13/2024	Full name of contributor 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 occ School Bus	cupation / Job title (See Instructions)  Employer (See Instructions)  S Driver  Garland ISD	lictions)
Date 07/15/2024	Full name of contributor 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 occ Retired	cupation / Job title (See Instructions)  Employer (See Instructions)  Retired	ictions)
	,	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

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

	ne Instruction Guide explains how to complete this form.	9
Jason A M		3 Filer ID (Ethics Commission Filers)
4 Date 7/23/2024	5 Full name of contributor	7 Amount of contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code 4303 Normandy Ave Dallas TX 75205	
Principal oc Retired	cupation / Job title (See Instructions)  9	tions)
Date 7/28/2024	Full name of contributor	Amount of contribution (\$) \$50.00
	Contributor address, City; State; Zip Code 3612 Villanova Street University TX 75225	
Principal occ Attorney	Employer (See Instructions)  Employer (See Instructions)  Futurewei Technologie	
Date 07/29/2024	Full name of contributor	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 2950 McKinney Ave Dallas TX 75204	
Principal occ Solution C	cupation / Job title (See Instructions)  Employer (See Instructions)  Duck Creek Technolo	
Date 07/29/2024	Full name of contributor	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 6904 Hill Forest Dr Dallas TX 75230	
	cupation / Job title (See Instructions) Employer (See Instruct	ions)

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#### SCHEDULE A1

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		5.
т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 9
2 FILER NAM Jason A M		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/29/2024	5 Full name of contributor out-of-state PAC (ID#) Elyce Mouskondis  6 Contributor address; City; State; Zip Code 7212 Helsem Bend Dallas TX 75230	7 Amount of contribution (\$) \$310.00
8 Principal od Retired	ccupation / Job title (See Instructions)  9	tions)
Date 07/31/2024	Full name of contributor	Amount of contribution (\$) \$25.00
Principal occ Church Adr	cupation / Job title (See Instructions)  ministrator  Employer (See Instructions)  Preston Hollow UMC	tions)
Date 08/06/2024	Full name of contributor out-of-state PAC (ID#) Philip Zacharias  Contributor address; City; State; Zip Code 839 Kitty Hawk Ln Grand Prarie TX 75051	Amount of contribution (\$) \$10.00
	cupation / Job title (See Instructions)  Employer (See Instructions)  All City Management	
Date 08/10/2024	Full name of contributor	Amount of contribution (\$) \$50.00
	cupation / Job title (See Instructions)  ent Consulting  Employer (See Instructions)  Argo-Efeso Consultin	

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#### 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)
<b>4</b> Date 08/11/2024	5 Full name of contributor	7 Amount of contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code 4225 Bryn Mawr Dallas TX 75225	
8 Principal occu Minerals	upation / Job title (See Instructions)  9	
Date 08/20/2024	Full name of contributor	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 2818 Sonterra Dr Cedar Hill TX 75104	
Principal occup Retired	pation / Job title (See Instructions)  Employer (See Instruct Retired	ions)
Date 08/22/2024	Full name of contributor	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 6108 Glennox Ln Dallas TX 75214	
Principal occup Bookkeeper	pation / Job title (See Instructions)  Employer (See Instruct Self	ions)
Date 09/04/2024	Full name of contributorout-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 occup Retired	pation / Job title (See Instructions)  Employer (See Instruct Retired	ions)

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#### SCHEDULE A1

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

In	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAMI		3 Filer ID (Ethics Commission Filers)
Date 9/09/2024	5 Full name of contributor	7 Amount of contribution (\$) \$500,00
	6 Contributor address; City; State; Zip Code 11109 Muddler Cv Austin TX 78733	3 6.
Principal occ Consultant	cupation / Job title (See Instructions)  9	tions)
Date 9/10/2024	Full name of contributor	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  22634 Neff Ct Land O Lakes FL 34639	
Principal occi Emergency	upation / Job title (See Instructions)  Physician  Employer (See Instructions)  Valesco	tions)
Date 9/11/2024	Full name of contributor	Amount of contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 234 Brookwood Dr Duncanville TX 75116	
Principal occi Retired	upation / Job title (See Instructions)  Employer (See Instructions)  Retired	tions)
Date 9/13/2024	Full name of contributor 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 occi	upation / Job title (See Instructions)  Employer (See Instructions)  Align Capital Partners	

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#### SCHEDULE A1

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

ž	The state of the s	
Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAM Jason A M		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/13/2024	5 Full name of contributor out-of-state PAC (ID# Diane Dees 6 Contributor address; City; State; 2	\$100.00
	1 Gettysburg Lane Richardson TX 7508	0
8 Principal od Interior De	Control of the Contro	er (See Instructions)
Date 09/13/2024	Full name of contributor	Amount of contribution (\$) \$5,000.00
	Contributor address; City; State; 2 10134 Waller Drive Dallas TX 7522	Zip Code
Principal occ President		er (See Instructions) n Capital Services
Date 09/13/2024	Full name of contributor out-of-state PAC (ID#  Darwin Deason	Amount of contribution (\$) \$10,000.00
	Contributor address; City; State; 2 3953 Maple Ave Ste 150 Dallas TX 7521	
Principal occ Chairman		er (See Instructions) n Capital Services
Date 08/16/2024	Full name of contributor out-of-state PAC (ID# Fleming Family Management Trust	
	Contributor address; City; State; Z 5420 LBJ Freeway Suite Dallas TX 7524 1000	ip Code
Principal occ Private Eq		er (See Instructions) Capital Partners

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#### 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: 9
2 FILER NAM Jason A M		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/26/2024	5 Full name of contributor	7 Amount of contribution (\$) \$750.01
8 Principal oc	ccupation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date 07/19/2024	Full name of contributor	Amount of contribution (\$) \$100.00
Principal occ Retired	cupation / Job title (See Instructions)  Employer (See Instructions)  Retired	ions)
Date 07/25/2024	Full name of contributor	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 9715 Windham Drive Dallas TX 75243	
Principal occ Substitute	cupation / Job title (See Instructions)  Teacher  Employer (See Instructions)  RISD	ions)
Date 07/30/2024	Full name of contributor	Amount of contribution (\$) \$100.00
	4320 Country Square Dr Carrollton TX 75006 #807	
Principal occ Retired	cupation / Job title (See Instructions) Employer (See Instructions) Retired	ions)

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#### 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: 9
2 FILER NAME Jason A Me	550 again	3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/30/2024	5 Full name of contributor	7 Amount of contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code 4212 Kernack St Dallas TX 75211	
8 Principal occ	supation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date 08/14/2024	Full name of contributor	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 8226 Old Moss Road Dallas TX 75231	
Principal occu Retired	upation / Job title (See Instructions)  Employer (See Instructions)  Retired	ions)
Date 08/28/2024	Full name of contributor	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 4320 Country Square Dr Carrollton TX 75006 #807	
Principal occi Retired	upation / Job title (See Instructions)  Employer (See Instructions)  Retired	tions)
Date 09/09/2024	Full name of contributor	Amount of contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 6964 Tokalon Dr Dallas TX 75214	
Principal occi Retired	upation / Job title (See Instructions)  Employer (See Instructions)  Retired	tions)

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#### SCHEDULE A1

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

Т	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 9
2 FILER NAM Jason A M	Section 1997 Street	3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/20/2024	5 Full name of contributor 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 of Retired	ccupation / Job title (See Instructions)  9	tions)
Date 09/24/2024	Full name of contributor	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 138 Wynnpage Dr Coppell TX 75019	
Principal oc Retired	ccupation / Job title (See Instructions)  Employer (See Instructions)  Retired	ions)
Date 09/25/2024	Full name of contributor	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 629 San Carlos Garland TX 75043	
Principal oc Retired	ccupation / Job title (See Instructions)  Employer (See Instructions)  Retired	tions)
Date 09/26/2024	Full name of contributor 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 od Retired	Employer (See Instructions)  Retired	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	FEDED

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

	A STATE OF THE STA		Country to the control of the contro		
T	The Instruction Guide explains how to complete this for	n.	1 Total pages Sche	edule A2:	
2 FILER NAM Jason A M			3 Filer ID (Ethics C	Commission Filers)	
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$\$2,447.79		
<b>5</b> Date 08/08/2024	6 Full name of contributor □ out-of-state PAC (ID#	Zip Code 243	8 Amount of Contribution \$ \$259.61	9 In-kind contribution description Postage stamps	
10 Principal od Substitute	ccupation / Job title (FOR NON-JUDICIAL)(See Instructions) Teacher	11 Employ RISD	er (FOR NON-JUDIC	CIAL)(See Instructions)	
12 Contributor	's principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR J	UDICIAL) (See Instructions)	
14 Contributor	's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spo	use (if any) (FOR JUDICIAL)	
16 If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I			
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	Check if travel out	 	
Principal oc	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDIC	CIAL)(See Instructions)	
Contributor	's principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR J	UDICIAL) (See Instructions)	
Contributor	's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF 1	HIS SCHED	JLE AS NEEDED		

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committe Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER N	11-0-12 dec 3 221 6-0-0-17 000 1 - 0-0-0-12 - 000 1 - 0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	15 110 W 10 C	omplete this form.	3 Filer	ID (Ethic	cs Commission Filers)	
10	Jason A	A Metcalf						
<b>4</b> Date 08/09/2024	5 Payeen Install (	name Connect, INC						
6 Amount (\$)	7 Payee a	ddress;		City;		State;	Zip Code	
\$2,000.00	505 W State St Garland					TX	75040	
8	(a) Catego	ory (See Categories listed at the top of this	schedule)	(b) Description				
PURPOSE	Adverti	singExpense		Sign Install				
OF EXPENDITURE								
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	tin, TX, officeholder living expense			
Complete ONLY if direct candidate / Officeholder name candidate / Officeholder name     expenditure to benefit C/OH				Office sought			Office held	
Date	Payee n	ame						
08/01/2024	Orbit Int	teractive, Inc.						
Amount (\$)	Payee a	ddress;		City;		State;	Zip Code	
\$8,560.83	2525 Ponc	e de Leon, Floor - 3rd		Coral Gables FL 33134				
	Categor	y (See Categories listed at the top of this s	schedule)	Description				
PURPOSE OF EXPENDITURE	Advertis	singExpense		Digital advertisin	ig			
		Check if travel outside of Texas Complete So	ichedule T	Check if Austir	n, TX, offic	eholder livin	g expense	
Complete ONLY if direct candidate / Officeholder name expenditure to benefit C/OH			Office sought			Office held		
Date	Payee n	name						
07/01/2024	Orbit Int	eractive, Inc.						
Amount (\$)	Payee a	ddress;		City;		State;	Zip Code	
\$933.34	2525 Ponc	e de Leon, Floor - 3rd		Coral Gable	es	FL	33134	
	Categor	y (See Categories listed at the top of this se	schedule)	Description				
PURPOSE OF EXPENDITURE	Advertis	singExpense		Digital advertisin	g			
		Check if travel outside of Texas Complete So	chedule T	Check if Austin	n, TX, office	eholder living	g expense	
Complete ONLY if direct	Candid	date / Officeholder name		Office sought	was and a		Office held	
expenditure to benefit C/OF	4							
	AT	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 CATE	GORIES F	OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica					Travel In District Travel Out Of Distri	pment & Related Expense	
Credit Card Payment		The Instruction Guide explain	ns how to co	omplete this form.			
1 Total pages Schedule F1:	2 FILER N Jason A	AME Metcalf			3 Filer ID (Ethics Commission Filers)		
<b>4</b> Date 09/18/2024	5 Payee na Imaging	<sup>ame</sup> Products Corp dba Buzz Prii	nt				
6 Amount (\$) \$4,247.94	7 Payee a 1850 Emp			City; Dallas	State; TX	Zip Code 75235	
8 PURPOSE OF EXPENDITURE	A (5) E00(0000000000000000000000000000000000	y (See Categories listed at the top of this Expense	schedule)	(b) Description  Door hangers			
	(c)	Check if travel outside of Texas Complete S	Schedule T	Check if Austi	in, TX, officeholder livin	ng expense	
9 Complete ONLY if direct expenditure to benefit C/Oh		late / Officeholder name		Office sought Office held			
Date	Payee na	ame					
07/11/2024	Imaging	Products Corp dba Buzz Prin	nt				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
\$741.32	1850 Empi	re Central		Dallas	TX	75235	
PURPOSE OF EXPENDITURE	50000000000000000000000000000000000000	(See Categories listed at the top of this s Expense	schedule)	Description Mailers			
		Check if travel outside of Texas Complete S	chedule T	Check if Austi	in, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
07/23/2024	Keepers	Press, LLC					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
\$2,890.28	520 Loma \	/ista		Heath	TX	75032	
	Category	(See Categories listed at the top of this s	schedule)	Description			
PURPOSE OF EXPENDITURE	Printingl	Expense		Signs			
		Check if travel outside of Texas. Complete S	chedule T	Check if Austi	n, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
	AT	TACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEE	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 Solicitation/Fundraising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jason A Metcalf 4 Date 5 Payee name 07/11/2024 Sam's Club **6** Amount (\$) City; Zip Code 7 Payee address: State \$148.80 6185 Retail Rd TX 75231 Dallas (b) Description (a) Category (See Categories listed at the top of this schedule) 8 OfficeOverheadRentalExpense Envelopes PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 09/10/2024 USPS City: State: Zip Code Amount (\$) Pavee address: \$504.00 6640 Abrams Rd TX Dallas 75231 Category (See Categories listed at the top of this schedule) Description OfficeOverheadRentalExpense Postage stamps PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 09/07/2024 USPS Amount (\$) Payee address; City; State: Zip Code \$1,022.00 10502 Markison Rd Dallas TX 75238 Description Category (See Categories listed at the top of this schedule) Postage stamps OfficeOverheadRentalExpense **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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 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

Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	Other (enter a catego			
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)		
<b>4</b> Date 07/11/2024	5 Payee name Sam's Club		,			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
\$161.08	6185 Retail Rd	Dallas	TX	75231		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE	OfficeOverheadRentalExpense	Envelopes				
OF EXPENDITURE						
	(c) Check if travel outside of Texas. Complete Schedule T.	tin, TX, officeholder living expense				
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	er name Office sought Office held				
Date	Payee name					
09/01/2024	Sam's Club					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$282.34	6185 Retail Rd	Dallas	TX	75208		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	FoodBeverageExpense	for volunteers				
	Check if travel outside of Texas. Complete Schedule T	Theck if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
08/02/2024	Sam's Club					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$144.97	6185 Retail Rd	Dallas	TX	75208		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	OfficeOverheadRentalExpense	Envelopes				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	itin, 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	S SCHEDULE AS NEE	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 Legal Services 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)		
Credit Card Fayment	The Instruction Guide explain	s how to complete this form.	-			
Total pages Schedule F1: 10	2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics	Commission Filers)		
1 Date	5 Payee name					
08/17/2024	Sam's Club					
Amount (\$)	7 Payee address;	City;	State;	Zip Code		
\$48.32	6185 Retail Rd	Dallas	TX	75231		
	(a) Category (See Categories listed at the top of this	schedule) (b) Description				
PURPOSE	OfficeOverheadRentalExpense	Envelopes				
OF EXPENDITURE						
	(c) Check if travel outside of Texas. Complete So	chedule T. Check if Aust	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
07/03/2024	Sam's Club					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$201.68	6185 Retail Rd	Dallas	TX	75231		
	Colores (Colores Colores Color	Description				
	Category (See Categories listed at the top of this se	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Description  Refreshments for volunteers			
PURPOSE OF EXPENDITURE	FoodBeverageExpense	Refreshments in	Refreshments for volunteers			
	Check if travel outside of Texas. Complete So	chedule T. Check if Aust	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office sought Office held			
Date	Payee name					
07/03/2024	Sam's Club					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$119.01	6185 Retail Rd	Dallas	TX	75231		
	Category (See Categories listed at the top of this so	chedule) Description				
PURPOSE OF EXPENDITURE	OfficeOverheadRentalExpense	Misc supplies				
	Check if travel outside of Texas. Complete Sc	chedule T. Check if Austi	ustin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
	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.

		EXPENDITORE CATE	GORILGI	OK BOX 0(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Commit 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)		
Credit Cald Payment		The Instruction Guide explain	ns how to co	emplete this form.			
1 Total pages Schedule F1:	2 FILER N Jason A	NAME A Metcalf			3 Filer ID (Ethic	cs Commission Filers)	1
4 Date	5 Payee na	ame					
07/31/2024	Joy CP						
6 Amount (\$)	7 Payee a	ddress;		City,	State;	Zip Code	
\$500.00	539 W Cor	mmerce St		Dallas	TX	75208	
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description			
	200	itingBanking		Campaign Treas	surer Fee		
PURPOSE OF	71000011	ining Darining		Campaign freas	Suici i ee		
EXPENDITURE							
	(c)	Check if travel outside of Texas. Complete S	Schedule T	Check if Austii	n, TX, officeholder livin	ng expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought Office held			
Date	Payee na	ame					
08/30/2024	Joy CPA	A LLC					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
\$500.00	539 W Con			Dallas	TX	75208	
				Dallas	17	70200	
	Categor	y (See Categories listed at the top of this s	schedule)	Description			
PURPOSE	Account	tingBanking		Campaign Treas	surer Fee		
OF							
EXPENDITURE							
		Check if travel outside of Texas. Complete S	Schedule T	Check if Austin	n, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held	
Data	Payee n	name					
Date	r ayee n	idino.					
07/30/2024	Thomas	Media Company					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
\$1,500.00	518 Azalea	a Drive		Grapevine	TX	76051	
	Categor	y (See Categories listed at the top of this s	schedule)	Description			
PURPOSE	Advertis	singExpense		Video production	n		
OF	, , , , , , , , , , , ,	3		p. 0000000			
EXPENDITURE							
		Check if travel outside of Texas Complete S	Schedule T	Check if Austin	n, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholder name		Office sought		Office held	
	ΑT	TACH ADDITIONAL COPIES	OF THIS S	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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 10 Jason A Metcalf 4 Date 5 Payee name 08/01/2024 Dallas County Republican Party 6 Amount (\$) 7 Payee address; City; State; Zip Code -\$2,050.00 11617 N. Central Expressway, Suite 240 TX Dallas 75243 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 AdvertisingExpense Texting PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 09/25/2024 Orbit Interactive, Inc. Amount (\$) Payee address; City; State; Zip Code \$10,680.86 2525 Ponce de Leon, Floor - 3rd Coral Gables FL 33134 Description Category (See Categories listed at the top of this schedule) AdvertisingExpense Digital advertising **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 09/25/2024 **Brett Rogers** Amount (\$) Payee address; City; Zip Code State: \$525.00 4514 Edinburgh Dr Tyler TX 75703 Category (See Categories listed at the top of this schedule) Description AdvertisingExpense Marketing platform PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Wagner (Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	다	Wages/Contract Labor	Travel Out Of District Other (enter a category			
1 Total pages Schedule F1:	2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics	s Commission Filers)		
<b>4</b> Date 07/02/2024	5 Payee name FASTSIGNS					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
\$192.64	4714 Greenville Avenue	Dallas	TX	75206		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE	PrintingExpense	Signs				
OF EXPENDITURE						
	(c) Check if travel outside of Texas Complete Schedule T	, TX, officeholder living	eholder living expense			
9 Complete ONLY if direct expenditure to benefit C/ON	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
08/21/2024	Custom Ink					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$370.65	2910 District Ave	Fairfax	VA	22301		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	PrintingExpense	ts				
	Check if travel outside of Texas Complete Schedule T	Check if Austin	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name		10.00			
09/09/2024	Office Depot					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$50.87	5111 Greenville Ave	Dallas	TX	75206		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	OfficeOverheadRentalExpense	Office supplies				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
	ATTACH 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made E Candidate/Officeholder/Politic		Travel Out Of District Other (enter a catego	ravel Out Of District ther (enter a category not listed above)			
Credit Card Payment	The Instruction Guide explains how to	complete this form.	_			
Total pages Schedule F1:	2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics	Commission Filers		
Date	5 Payee name					
09/20/2024	Office Depot					
Amount (\$)	7 Payee address;	City;	State;	Zip Code		
\$17.32	5111 Greenville Ave	Dallas	TX	75206		
Y	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	OfficeOverheadRentalExpense	Office supplies				
	(c) Check if travel outside of Texas Complete Schedule T.	Check if Austin	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
08/21/2024	Amazon					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$122.31	410 Terry Ave N	Seattle	WA	98109		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	OfficeOverheadRentalExpense	Supplies				
	Check if travel outside of Texas Complete Schedule T.	stin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/ON	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
09/11/2024	Amazon					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$32.46	410 Terry Ave N	Seattle	WA	98109		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF	OfficeOverheadRentalExpense	Supplies				
EXPENDITURE		Check if Austin, TX, officeholder living expense				
EXPENDITURE	Check if travel outside of Texas Complete Schedule T	Check if Austin	, TX, officeholder living	expense		

#### 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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 10 Jason A Metcalf 4 Date 5 Payee name 09/26/2024 Stripe Inc. 6 Amount (\$) 7 Payee address; City; State; Zip Code \$499.20 354 Oyster Point Blvd 94080 South San Fran CA (a) Category (See Categories listed at the top of this schedule) (b) Description 8 SolicitationFundraisingExpense Credit Card Processing Fees 7/1-9/26/2014 PURPOSE OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) City; State; Zip Code Payee address; Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Description Category (See Categories listed at the top of this schedule) PURPOSE

OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Office held

Check if Austin, TX, officeholder living expense

Office sought

Check if travel outside of Texas Complete Schedule T.

Candidate / Officeholder name

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

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

I				1 3				
		EXPENDITURE CATE	GORIES	FOR BO	X 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment				tal Expense ract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule G	2 FILER NA	ME				3 Filer I	D (Ethics	Commission Filers)
2	Jason A I					o riiei i	D (Lines	Commission Filers)
4 Date	5 Payee nar							
07/21/2024	Office De							
6 Amount (\$)	7 Payee add	dress;			City;		State;	Zip Code
\$505.48  Reimbursement from political contributions intended	5111 Green	ville Ave			Dallas		TX	75206
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense  (b) Description Office supplies							
	(c)	Check if travel outside of Texas Complete Sc	chedule T.		Check if Austin,	TX, officeho	lder living e	xpense
9 Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH				ught			Office held	
Date	Payee nar	ne						
09/16/2024	Sam's Clu	b						
Amount (\$)	Payee add	dress;			City;		State;	Zip Code
\$727.50  Reimbursement from political contributions intended	6185 Retail	Rd			Dallas		TX	75231
51155655	Category (See Categories listed at the top of this schedule)			Des	cription			
PURPOSE OF EXPENDITURE	OfficeOve	rheadRentalExpense		Postage stamps				
	Check if travel outside of Texas Complete Schedule T Check if Austin			Check if Austin,	in, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/		ate / Officeholder name	,	Office so	ught			Office held
Date	Payee nar	ne						
09/03/2024	Enterpris	e Rent-A-Car						
Amount (\$)	Payee add				City;	S	State;	Zip Code
\$266.54  Reimbursement from political contributions intended	410 N Centr	al Expressway			Richardson		ΤX	75080
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this stitionEquipmentAndRelatedEx	8		cription rental for par	ade		
		Check if travel outside of Texas Complete Sc	hedule T.		Check if Austin,	TX, officehol	lder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office so	ught			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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outer (orner discharge)	, not instead as a vo ,		
1 Total pages Schedule G: 2	2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)			
	134 Wa					
4 Date 09/26/2024	5 Payee name USPS			=		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
\$949.00  Reimbursement from political contributions intended	6640 Abrams Rd	Dallas	TX	75231		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense					
	(c) Check if travel outside of Texas Complete Schedule T	Check if Austin,	TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	8	Office held		
Date	Payee name					
Amount (\$)	Payee address;	City;	State;	Zip Code		
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
EXPERIENCE	Check if travel outside of Texas. Complete Schedule T.	TX, officeholder living ex	cpense			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	8	Office held		
Date	Payee name					
Amount (\$)	Payee address;	City;	State;	Zip Code		
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	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		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDE	ΞD			