#### CANDIDATE / OFFICEHOLDER ELECTIONS DEPARTMENT FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 19 3 CANDIDATE/ MS / MRS / MR MI OFFICE USE ONLY OFFICEHOLDER Mr Jason Α NAME Date Received **NICKNAME** LAST SUFFIX **ELECTRONICALLY FILED** Metcalf 01/15/2024 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #; CITY: ZIP CODE **OFFICEHOLDER** 9032 Clearhurst Dr Dallas TX 75238 **MAILING ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (214 ) 537-5697 **PHONE** Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR FIRST МІ **TREASURER** Mr. Rohit J NAME Date Processed NICKNAME LAST SUFFIX Date Imaged Joy STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; 7 CAMPAIGN CITY; ZIP CODE TREASURER 539 W Commerce St **Suite 1525** Dallas TX **ADDRESS** 75208 (Residence or Business) AREA CODE CAMPAIGN PHONE NUMBER **EXTENSION TREASURER** PHONE (469 780-4877 9 REPORT TYPE January 15 30th day before election 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Day Year COVERED 11 /09 2023 THROUGH 31 /2023 ELECTION DATE 11 ELECTION **ELECTION TYPE** ✔ Primary Runoff Other Month Year Description General Special 05 2024 03 OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) County Commissioner-District #1 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 1 AND 16 PM 2:1

### FORM C/OH COVER SHEET PG 2

| CAMPAIGI  | N FINANCE REPOR 124 JAN 16 PM 2   | 149 COVER SHEET PG 2                    |  |  |  |  |
|---|---|---|--|--|--|--|
| 15 C/OH NAME<br>Jason A Metcalf                           | -   | 16 Filer ID (Ethics Commission Filers)  |  |  |  |  |
| 17 CONTRIBUTION<br>TOTALS                                 | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OPPLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | THER THAN \$.00                         |  |  |  |  |
|   | TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES (   | \$ 2,284.00                             |  |  |  |  |
| EXPENDITURE<br>TOTALS                                     | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$.00                                   |  |  |  |  |
|   | 4. TOTAL POLITICAL EXPENDITURES   | \$ 3,007.99                             |  |  |  |  |
| CONTRIBUTION<br>BALANCE                                   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS ( OF REPORTING PERIOD  | DF THE LAST DAY \$31,432.76             |  |  |  |  |
| OUTSTANDING<br>LOAN TOTALS                                | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LO LAST DAY OF THE REPORTING PERIOD   | DANS AS OF THE \$ 29,510.00             |  |  |  |  |
| Please complete either option below:  (1) Affidavit       |   |   |  |  |  |  |
| Sworn to and subscribed                                   | before me by  | _ this the,                             |  |  |  |  |
| 20, to certify which, witness my hand and seal of office. |   |   |  |  |  |  |
| Signature of officer administe                            | ring oath Printed name of officer administering oath  | Title of officer administering oath     |  |  |  |  |
| (2) Unsworn Declaration                                   | OR<br>On  |   |  |  |  |  |
| My name is  | , and my date   | e of birth is                           |  |  |  |  |
| My address is   | · · · · · · · · · · · · · · · · · · ·   |   |  |  |  |  |
| Executed in   | (street) (city) County, State of, on the day  | ( ) ( ) ( ) ( ) ( )                     |  |  |  |  |
|   | Signature   | e of Candidate/Officeholder (Declarant) |  |  |  |  |

## SUBTOTALS - C/OH

2024 JAN 16 PM 2:49

#### FORM C/OH COVER SHEET PG 3

| 19  | FILER NAME   | 20 Filer ID (Ethics Commission Filers) |                    |  |
|-----|--|--|--------------------|--|
| 21  | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                                   |  | SUBTOTAL<br>AMOUNT |  |
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                            |  | \$\$2,284.00       |  |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS              |  | \$\$0.00           |  |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS  |  | \$\$0.00           |  |
| 4.  | SCHEDULE E: LOANS  |  | \$\$29,510.00      |  |
| 5.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO               | NTRIBUTIONS                            | \$\$361.24         |  |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                 |  | \$\$500.00         |  |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL                 | \$\$0.00                               |                    |  |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                            |  | \$\$0.00           |  |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI                | NDS                                    | \$\$2,146.75       |  |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A               | BUSINESS OF C/OH                       | \$\$0.00           |  |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO            | NTRIBUTIONS                            | \$\$0.00           |  |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT<br>TO FILER | TIONS RETURNED                         | \$\$0.00           |  |

## MONETARY POLITICAL CONTRIBUTIONS 2: 49

#### SCHEDULE A1

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

|   | Instruction Guide explains how to complete this form.                         | 1 Total pages Schedule A1: 5                     |
|---|---|--|
| 2 FILER NAME<br>Jason A Me  |   | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date 12/31/2023   | 5 Full name of contributor out-of-state PAC (ID#: Susan Green                 | \$25.00  |
|   | 6 Contributor address; City; State; Z PO Box 831832 Dallas TX 75083           | Cip Code   |
| 8 Principal occ<br>Retired  | upation / Job title (See Instructions)  9                                     | er (See Instructions)                            |
| Date<br>12/30/2023  | Full name of contributor  | \$100.00   |
|   | Contributor address; City; State; Z 10630 Chesterton Dr Dallas TX 75283       | Cip Code   |
| Principal occu<br>Executive Dir   |   | er (See Instructions)<br>County Republican Party |
| Date Full name of contributor out-of-state PAC (ID#:)  12/30/2023 Steven Geiszler |   | \$24.00  |
|   | Contributor address; City; State; Zi<br>3612 Villanova St University TX 75225 | ip Code  |
| Principal occu<br>Attorney  |   | er (See Instructions)<br>/ei Technologies, Inc.  |
| Date<br>12/30/2023  | Full name of contributor  | Amount of contribution (\$) \$50.00              |
|   | Contributor address; City; State; Zi<br>3216 Walker Pl Grapevine TX 76051     |  |
| Principal occu<br>Chairman ar   | **************************************  | er (See Instructions) Holdings, LLC              |
|   |   |  |
|   |   |  |

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

# DALLAS COUNTS SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 2: 50

| The                            | e Instruction Guide explains how to complete this form.                               | 1 Total pages Schedule A1:<br>5        |
|--------------------------------|---|--|
| 2 FILER NAME<br>Jason A Me     |   | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br>12/19/2023           | 5 Full name of contributor  | 7 Amount of contribution (\$) \$250.00 |
|                                | 6 Contributor address; City; State; Zip Code 2717 State St Dallas TX 75204            |  |
| 8 Principal occ<br>Entreprenet | upation / Job title (See Instructions)  9   | ructions)                              |
| Date<br>11/28/2024             | Full name of contributor  | \$250.00                               |
|                                | Contributor address; City; State; Zip Code 11109 Muddler Cv Austin TX 78733           |  |
| Principal occu<br>Software Ent | upation / Job title (See Instructions)  trepreneur  Employer (See Instructions)  Self | ructions)                              |
| Date 11/15/2023                | Full name of contributor  | Amount of contribution (\$) \$5.00     |
|                                | Contributor address; City; State; Zip Code 539 W Commerce St Dallas TX 75208          |  |
| Principal occu<br>CPA          | upation / Job title (See Instructions)  Employer (See Instructions)  Joy CPA LLC      | ructions)                              |
| Date Full name of contributor  |   | _) Amount of contribution (\$) \$50.00 |
|                                | Contributor address; City; State; Zip Code  1819 North Randolph St Arlington VA 22207 |  |
| Principal occi<br>Attorney     | Lupation / Job title (See Instructions)  Employer (See Instructions)  Self            | ructions)                              |
|                                |   |  |

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

RECEIVED FOR FILING ELECTIONS DEPARTMENT DALL AS COUNTSCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report. 2: 50

| The  | Instruction Guide explains how to complete this form.                              | 1 Total pages Schedule A1:<br>5           |
|--|--|---|
| 2 FILER NAME<br>Jason A Me                           |  | 3 Filer ID (Ethics Commission Filers)     |
| <b>4</b> Date 12/29/2023                             | 5 Full name of contributor   | 7 Amount of contribution (\$)<br>\$100.00 |
|  | 6 Contributor address; City; State; Zip Code 1109 Misty Woods Ct Bedford TX 76021  |   |
| 8 Principal occu<br>Attorney                         | upation / Job title (See Instructions)  9  | itions)                                   |
| Date<br>12/24/2023                                   | Full name of contributor   | Amount of contribution (\$) \$100.00      |
|  | Contributor address; City; State; Zip Code 7383 Remcon Cir El Paso TX 79912        | *   |
| Principal occu<br>Software Eng                       | pation / Job title (See Instructions)  Employer (See Instructions)  Alphabet, Inc. | tions)                                    |
| Date<br>12/29/2023                                   | Full name of contributor   | Amount of contribution (\$) \$50.00       |
|  | Contributor address; City; State; Zip Code 7964 Xavier Ct Dallas TX 75218          |   |
| Principal occu<br>Registered N                       | pation / Job title (See Instructions)  Employer (See Instructions)  Self           | etions)                                   |
| Date Full name of contributor out-of-state PAC (ID#: |  | Amount of contribution (\$) \$25.00       |
|  | Contributor address; City; State; Zip Code 9443 Spring Branch Dr Dallas TX 75238   |   |
| Principal occu<br>Substitute T                       | pation / Job title (See Instructions)  eacher  Employer (See Instructions)  Self   | ctions)                                   |
|  |  |   |

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

#### SCHEDULE A1

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

| The Instruction Guide explains how to complete this form.  2 FILER NAME Jason A Metcalf  3 Filer ID (Ethics Commission Filers)  4 Date 2/22/2023  5 Full name of contributor Nelson Chandler  6 Contributor address; City; State; Zip Code 708 Angus Ct Mt Pleasant SC 29464 |
|--|
| Jason A Metcalf  4 Date 5 Full name of contributor 2/22/2023 Nelson Chandler City; State; Zip Code  5 Full name of contributor 1 out-of-state PAC (ID#:  |
| 2/22/2023 Nelson Chandler \$100.00  6 Contributor address; City; State; Zip Code   |
| 6 Contributor address; City; State; Zip Code   |
|  |
| Principal occupation / Job title (See Instructions)  Lawyer  9 Employer (See Instructions)  Chandler & Dudgeon, LLC  |
| Date Full name of contributor  Ned Fleming, III  Contributor address;  City;  State; Zip Code  Amount of contribution (\$)  \$1,000.00   |
| 5420 LBJ Freeway Suite 100 Dallas TX 75240   |
| Principal occupation / Job title (See Instructions)  Managing Partner  Employer (See Instructions)  SunTx Capital Partners   |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 11/29/2023 Judith Colleen Canion \$100.00  |
| Contributor address; City; State; Zip Code 9715 Windham Dr Dallas TX 75243   |
| Principal occupation / Job title (See Instructions)  Retired  Employer (See Instructions)  Retired   |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 11/14/2023 Brigid Hayward \$5.00   |
| Contributor address; City; State; Zip Code 9032 Clearhurst Dr Dallas TX 75238  |
| Principal occupation / Job title (See Instructions)  Research Nurse  Employer (See Instructions)  UT Southwestern  |
|  |
|  |
|  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  |

Forms provided by Texas Ethics Commission

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

xas Ethics Commission www.ethics.state.tx.us

Revised 11/15/2022

### SCHEDULE A1

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

|                                 |  | 1.0                                      |                                       |
|---------------------------------|--|--|---------------------------------------|
| The                             | Instruction Guide explains how to complete this                                  | s form.                                  | Total pages Schedule A1:     5        |
| 2 FILER NAME<br>Jason A Me      |  |  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>11/16/2023            | 5 Full name of contributor  ut-of-state PA                                       | 7 Amount of contribution (\$)<br>\$50.00 |                                       |
|                                 | 6 Contributor address; City; 1410 Mayfield Ave Garland                           | State; Zip Code<br>TX 75041              |                                       |
| 8 Principal occu<br>Lawn Mainte | upation / Job title (See Instructions)   | 9 Employer (See Instruct<br>Self         | tions)                                |
| Date                            |  | C (ID#:)                                 | Amount of contribution (\$)           |
|                                 | Contributor address; City;   | State; Zip Code                          |                                       |
| Principal occup                 | Dation / Job title (See Instructions)  | Employer (See Instruct                   | ions)                                 |
| Date                            | Date Full name of contributor out-of-state PAC (ID#:)                            |  | Amount of contribution (\$)           |
|                                 | Contributor address; City;   | State; Zip Code                          |                                       |
| Principal occup                 | pation / Job title (See Instructions)  | Employer (See Instruct                   | ions)                                 |
| Date                            |  | C (ID#:)                                 | Amount of contribution (\$)           |
|                                 | Contributor address; City;   | State; Zip Code                          |                                       |
| Principal occup                 | pation / Job title (See Instructions)  | Employer (See Instructi                  | ions)                                 |
|                                 |  |  |                                       |
|                                 |  |  |                                       |
|                                 |  |  |                                       |
|                                 | ATTACH ADDITIONAL COPIES ( If contributor is out-of-state PAC, please see Instru | OF THIS SCHEDULE AS NI                   | EEDED eporting requirements.          |

Forms provided by Texas Ethics Commission

## LOANS SCHEDULE E

|                           | The         | Instruction Guide explains      | s how to com  | plete this fo | rm.                  |                                    | 1 Total pages Schedule E:               |
|---------------------------|-------------|---------------------------------|---------------|---------------|----------------------|------------------------------------|---|
| 2 FILER N                 | AME         |                                 |               |               |                      |                                    | 3 Filer ID (Ethics Commission Filers)   |
| Jason A                   | Metcalf     |                                 |               |               |                      |                                    | ,                                       |
| 4 TOTAL                   | OF UN       | IITEMIZED LOANS                 |               |               |                      |                                    | \$\$0.00                                |
| 5 Date of                 | loan        | 7 Name of lender                | out-of-stat   | e PAC (ID#:   |                      | )                                  | 9 Loan Amount (\$)                      |
| 11/13/20                  | 023         | Jason Metcalf                   | ************* |               |                      |                                    | \$1,000.00                              |
| 6 Is lender<br>a financia |             | 8 Lender address;               | City;         |               | State;               | Zip Code                           | 10 Interest rate                        |
| Institution               |             | 9032 Clearhurst Dr              | Dallas        | TX            |                      | 75238                              | 0                                       |
| Y N                       |             |                                 |               |               |                      |                                    | 11 Maturity date                        |
| 12 Principal<br>Consulta  |             | on / Job title (See Instruction | s)            | I committee a | yer (See<br>rategies | Instructions)                      |   |
| 14 Descripti              | on of Coll  | ateral                          |               | 15            |                      |                                    |   |
| ✓ none                    | i.          |                                 |               |               | Check<br>accou       | if personal fun<br>nt (See Instruc | ds were deposited into political tions) |
| 16 GUARAN                 |             | 17 Name of guarantor            |               |               |                      |                                    | 10                                      |
| INFORM                    |             | 1, manne et gaaranter           |               |               |                      |                                    | 19 Amount Guaranteed (\$)               |
|                           |             | 40.0                            |               |               |                      |                                    |   |
|                           |             | 18 Guarantor address;           | City;         |               | State;               | Zip Code                           |   |
| ✓ not a                   | pplicable   |                                 |               |               |                      |                                    |   |
| 20 Principa               | Occupat     | ion (See Instructions)          |               | 21 Emplo      | ver (See             | Instructions)                      |   |
|                           |             |                                 |               |               | ,                    |                                    |   |
| Date of lo                | nan.        | Name of lands                   |               |               |                      |                                    |   |
| 12/27/20                  |             | Name of lender  Jason Metcalf   | out-of-stat   | te PAC (ID#:  |                      | )                                  | Loan Amount (\$)                        |
| 12/21/20                  | 323         | Jason Welcali                   |               |               |                      |                                    | \$28,500.00                             |
| Is lender                 |             | Lender address;                 | City;         |               | State;               | Zip Code                           | Interest rate                           |
| a financia                |             | 9032 Clearhurst Dr              | Dallas        | TX            | 880                  | 75238                              | 0                                       |
|                           |             |                                 |               |               |                      |                                    | Maturity date                           |
| _ Ď ₽                     | 1           |                                 |               |               |                      |                                    |   |
| · ·                       |             | on / Job title (See Instruction | s)            |               |                      | e Instructions)                    |   |
| Consulta                  | ant         |                                 |               | JM St         | rategies             | LLC                                |   |
| Description               | on of Colla | ateral                          |               |               | Check                | if nersonal fun                    | ds were deposited into political        |
| ✓ none                    | 1           |                                 |               |               | accou                | nt (See Instruc                    | tions)                                  |
| GUARAN                    |             | Name of guarantor               |               |               |                      |                                    | Amount Guaranteed (\$)                  |
| INFORM                    | ATION       |                                 |               |               |                      |                                    | γ integrit Gaaranteed (ψ)               |
|                           |             | Guarantor address;              |               |               |                      |                                    | 1                                       |
|                           |             | Guarantor address,              | City;         |               | State;               | Zip Code                           |   |
| <b>☑</b> not a            | pplicable   |                                 |               |               |                      |                                    |   |
| Principal                 | Occupation  | on (See Instructions)           |               | Emplo         | yer (See             | e Instructions)                    | 1                                       |
|                           |             |                                 |               |               |                      |                                    |   |
|                           |             |                                 |               |               |                      | -                                  |   |
|                           | J£ 1.       | ATTACH ADI                      | DITIONAL CO   | PIES OF THI   | S SCHE               | DULE AS NE                         | EDED                                    |
|                           | 11 16       | nder is out-of-state PAC,       | piease see I  | nstruction g  | uide foi             | r additional re                    | eporting requirements.                  |

## **LOANS**

### SCHEDULE E

|    | The   | Instruction Guide explains              | how to comp     | lete this form.          |                             | 1            | Total pages Schedule E:             |
|----|---|---|-----------------|--------------------------|-----------------------------|--------------|-------------------------------------|
| 2  | FILER NAME Jason A Metcalf  |   |                 |                          |                             | 3            | Filer ID (Ethics Commission Filers) |
| 4  | TOTAL OF UN   | IITEMIZED LOANS                         |                 |                          |                             | 9            | \$\$0.00                            |
| 5  | Date of loan<br>11/14/2023  | 7 Name of lender<br>Jason Metcalf       | out-of-state    | PAC (ID#:                |                             | )            | Loan Amount (\$)<br>\$5.00          |
| 6  | Is lender<br>a financial<br>Institution?  | 8 Lender address;<br>9032 Clearhurst Dr | City;<br>Dallas | Sta<br>TX                | te; Zip C                   | L            | 0 Interest rate 0                   |
|    | Y N   |   |                 |                          |                             |              | 1 Maturity date                     |
| 12 | Principal occupation  | on / Job title (See Instructions)       |                 | 13 Employer<br>JM Strate |                             | ctions)      |                                     |
| 14 | Description of Coll  none   | ateral                                  |                 | 15 Ch                    | neck if perso               | onal funds   | were deposited into political<br>s) |
| 16 | GUARANTOR<br>INFORMATION  | 17 Name of guarantor                    |                 |                          |                             |              | 9 Amount Guaranteed (\$)            |
|    | ✓ not applicable  | 18 Guarantor address;                   | City;           | Sta                      |                             | 100          |                                     |
| 20 | Principal Occupat   | ion (See Instructions)                  |                 | 21 Employer              | (See Instruc                | ctions)      |                                     |
|    | Date of loan<br>11/29/2023  | Name of lender<br>Jason Metcalf         | out-of-state    | PAC (ID#:                |                             | )            | Loan Amount (\$)<br>\$5.00          |
|    | Is lender<br>a financial<br>Institution?  | Lender address;<br>9032 Clearhurst Dr   | City;<br>Dallas | Sta<br>TX                | te; Zip C                   |              | Interest rate 0                     |
|    | ř b   |   |                 |                          |                             |              | Maturity date                       |
|    | Principal occupation  | on / Job title (See Instructions)       |                 | Employer<br>JM Strate    | (See Instruc<br>gies LLC    | ctions)      |                                     |
|    | Description of Colla  | ateral                                  |                 | ☑ Ch                     | neck if perso<br>count (See | onal funds v | were deposited into political<br>s) |
|    | GUARANTOR<br>INFORMATION  | Name of guarantor                       |                 | 1                        |                             |              | Amount Guaranteed (\$)              |
|    |   | Guarantor address;                      | City;           |                          | ite; Zip C                  | ode          |                                     |
|    | Principal Occupation  | on (Contractions)                       |                 | I                        |                             |              |                                     |
|    | Tillicipal Occupation   | on (See Instructions)                   |                 | ⊨mployer                 | (See Instruc                | tions)       |                                     |
|    | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements. |   |                 |                          |                             |              |                                     |

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement

| Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica |   | Polling Expense Printing Expense Salaries/Wages/Contract Labor | Travel In District<br>Travel Out Of Distri             | ipment & Related Expense ict gory not listed above) |  |
|---|---|--|--|---|--|
| Credit Card Payment   | The Instruction Guide explains                            | how to complete this form.                                     |  |   |  |
| 1 Total pages Schedule F1:<br>2   | 2 FILER NAME<br>Jason A Metcalf                           |  | 3 Filer ID (Ethio                                      | cs Commission Filers)                               |  |
| <b>4</b> Date 12/06/2023  | 5 Payee name<br>Joy CPA LLC                               |  |  |   |  |
| 6 Amount (\$)   | 7 Payee address;  | City;  | State;   | Zip Code  |  |
| \$250.00  | 539 W Commerce St, Ste 1525                               | Dallas   | TX   | 75208   |  |
| 8   | (a) Category (See Categories listed at the top of this se | chedule) (b) Description                                       |  |   |  |
| PURPOSE   | AccountingBanking   | Campaign Trea  | surer Fee  |   |  |
| OF<br>EXPENDITURE   |   |  |  |   |  |
|   | (c) Check if travel outside of Texas. Complete Sch        | hedule T. Check if Aust  | lin, TX, officeholder livir                            | ng expense  |  |
| 9 Complete ONLY if direct expenditure to benefit C/OF                             | Candidate / Officeholder name<br>H                        | Office sought  |  | Office held   |  |
| Date  | Payee name  |  |  |   |  |
| 12/06/2023  | The Federalist Society                                    |  |  |   |  |
| Amount (\$)   | Payee address;  | City;  | State;   | Zip Code  |  |
| \$20.00   | 1776   St, NW   | Washingto  | n DC   | 20066   |  |
|   | Category (See Categories listed at the top of this sol    | hedule) Description  |  |   |  |
| PURPOSE<br>OF<br>EXPENDITURE  | EventExpense  | Holiday Happy I  | Hour   |   |  |
|   | Check if travel outside of Texas. Complete Sch            | nedule T. Check if Aust  | le T. Check if Austin, TX, officeholder living expense |   |  |
| Complete ONLY if direct expenditure to benefit C/OF                               | Candidate / Officeholder name<br>H                        | Office sought  |  | Office held   |  |
| Date  | Payee name  |  | 10 (10 m)  |   |  |
| 12/31/2024  | Stripe Inc.   |  |  |   |  |
| Amount (\$)   | Payee address;  | City;  | State;   | Zip Code  |  |
| \$61.51   | 354 Oyster Point Blvd                                     | San Franci   | isco CA  | 94103   |  |
|   | Category (See Categories listed at the top of this sch    | hedule) Description  |  |   |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Fees  | Credit Card Pro  | cessing Fees 11  | /14-12/31/2023                                      |  |
|   | Check if travel outside of Texas. Complete Sch            | nedule T. Check if Aust  | in, TX, officeholder livir                             | ng expense  |  |
| Complete ONLY if direct expenditure to benefit C/OF                               | Candidate / Officeholder name                             | Office sought  |  | Office held   |  |
|   | ATTACH ADDITIONAL COPIES (                                | OF THIS SCHEDULE AS NE   | EDED   |   |  |

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

| Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment | cal Committee Legal Services Salaries/Wages/Contract Labor |   | ense<br>pense<br>ages/ContractLabor | Transportation Equipment & Related Expense<br>Travel In District<br>Travel Out Of District<br>Other (enter a category not listed above) |                           |                       |
|---|--|---|-------------------------------------|---|---------------------------|-----------------------|
|   |  | The Instruction Guide explain                 | is how to co                        | omplete this form.  |                           |                       |
| 1 Total pages Schedule F1:<br>2   | 2 FILER N.<br>Jason A                                      |   |                                     |   | 3 Filer ID (Ethic         | es Commission Filers) |
| <b>4</b> Date 12/29/2023  | 5 Payee na<br>GoDadd                                       | ume<br>y.com, LLC                             |                                     |   | <del></del>               |                       |
| 6 Amount (\$)   | 7 Payee ac   |   |                                     | City;   | State;                    | Zip Code              |
| \$22.16   | 2115 E Gol   | Daddy Way                                     |                                     | Tempe   | AZ                        | 85284                 |
| 8   | (a) Categor  | y (See Categories listed at the top of this   | schedule)                           | (b) Description   |                           |                       |
| PURPOSE   | Advertis   | ingExpense                                    |                                     | Website domain  |                           |                       |
| OF<br>EXPENDITURE   |  |   |                                     |   |                           |                       |
|   | (c)  | Check if travel outside of Texas. Complete So | chedule T.                          | Check if Austin   | n, TX, officeholder livin | g expense             |
| 9 Complete ONLY if direct expenditure to benefit C/Oł   |  | ate / Officeholder name                       |                                     | Office sought   |                           | Office held           |
| Date  | Payee na   | me  |                                     |   |                           |                       |
| 12/29/2023  | GoDaddy  | /.com, LLC                                    |                                     |   |                           |                       |
| Amount (\$)   | Payee ad   |   |                                     | City;   | State;                    | Zip Code              |
| \$7.57  | 2115 E GoD   | Daddy Way                                     |                                     | Tempe   | AZ                        | 85284                 |
|   | 11 11 11 11 11 11 11 11                                    | (See Categories listed at the top of this so  | chedule)                            | Description   |                           |                       |
| PURPOSE<br>OF<br>EXPENDITURE  | OfficeOv   | erheadRentalExpense                           |                                     | Microsoft 365 Er  | mail                      |                       |
|   |  | Check if travel outside of Texas. Complete Sc | chedule T.                          | Check if Austin   | n, TX, officeholder livin | g expense             |
| Complete ONLY if direct expenditure to benefit C/OF   |  | ate / Officeholder name                       |                                     | Office sought   |                           | Office held           |
| Date  | Payee na   | ame   |                                     |   |                           |                       |
| Amount (\$)   | Payee ad   | dress;  |                                     | City;   | State;                    | Zip Code              |
| PURPOSE<br>OF<br>EXPENDITURE  | Category   | (See Categories listed at the top of this so  | chedule)                            | Description   |                           |                       |
|   |  | Check if travel outside of Texas. Complete Sc | chedule T.                          | Check if Austin   | n, TX, officeholder livin | g expense             |
| Complete ONLY if direct expenditure to benefit C/OF   |  | ate / Officeholder name                       |                                     | Office sought   |                           | Office held           |
|   | ATT  | ACH ADDITIONAL COPIES                         | OF THIS S                           | CHEDULE AS NEE  | DED                       |                       |

## **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

| If the requested information is not applicable, DO NOT include this page in the report.             |  |  |   |  |  |  |  |
|---|--|--|---|--|--|--|--|
| EXPENDITURE CATEGORIES FOR BOX 10(a)  Advertising Expense   |  |  |   |  |  |  |  |
| Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic |  | Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel In District<br>Travel Out Of District<br>Other (enter a category not listed above) |  |  |  |  |
|   | The Instruction Guide expla  | ins how to complete this form.   | ,   |  |  |  |  |
| 1 Total pages Schedule F2:  | Control of the Contro |  | 3 Filer ID (Ethics Commission Filers)   |  |  |  |  |
| 1   | Jason A Metcalf  |  |   |  |  |  |  |
|   | MIZED UNPAID INCURRED OBL  | IGATIONS   | \$ \$0.00   |  |  |  |  |
| 5 Date  | 6 Payee name   |  |   |  |  |  |  |
| 12/31/2023  | Joy CPA LLC  |  |   |  |  |  |  |
| 7 Amount (\$)   | 8 Payee address;   | City;  | State; Zip Code   |  |  |  |  |
| \$500.00  | 539 W Commerce St  | Dallas   | TX 75208  |  |  |  |  |
|   |  |  |   |  |  |  |  |
| 9 TYPE OF<br>EXPENDITURE  | Political  | Non-Political  |   |  |  |  |  |
| 10  | (a) Category (See Categories listed at the top of th   | is schedule) (b) Description   |   |  |  |  |  |
| PURPOSE   | AccountingBanking  | Campaign Treas   | surer Fee   |  |  |  |  |
| OF<br>EXPENDITURE   |  |  |   |  |  |  |  |
|   | (c) Check if travel outside of Texas. Complete   | Schedule T. Check if Aus   | stin, TX, officeholder living expense   |  |  |  |  |
| 11 Complete ONLY if direct expenditure to benefit C/O   | Candidate / Officeholder name  | Office sought  | Office held   |  |  |  |  |
| Date  | Payee name   |  |   |  |  |  |  |
| Amount (\$)   | Payee address;   | City;  | State; Zip Code   |  |  |  |  |
|   |  |  | cate, Zip code  |  |  |  |  |
| TYPE OF<br>EXPENDITURE  | Political  | Non-Political  |   |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of th   | is schedule) Description   |   |  |  |  |  |
|   | Check if travel outside of Texas. Complet  | e Schedule T. Check if Au  | ustin, TX, officeholder living expense  |  |  |  |  |
| Complete ONLY if direct expenditure to benefit C/Oł   | 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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

| Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit |  |  | ct Labor                     | Travel In District Travel Out of District Other (enter a category not listed above) |                  |  |            |  |
|--|--|--|------------------------------|---|------------------|--|------------|--|
| Credit Card Payment  |  | The Instruction Guide explain                  | ns how to c                  | omplete th  | is form.         |  |            |  |
| 1 Total pages Schedule G:  | 2 FILER NA   | AME  |                              |   |                  | 3 Filer ID (Et   | hics C     | ommission Filers)  |
| 6  | Jason A  | Metcalf  |                              |   |                  | 20-40-000-000 - 0.000-00-0-000-00-00-00-00-00-00-00-00-0 |            | and a contract that the contract of the contra |
| 4 Date   | 5 Payee na   | me   |                              |   |                  |  |            |  |
| 11/11/2023   | Dallas Co  | ounty Republican Party                         |                              |   |                  |  |            |  |
| 6 Amount (\$)  | 7 Payee ad   |  |                              |   | City;            | Stat   | e;         | Zip Code   |
| \$1,250.00 Reimbursement from  | 11617 N Ce   | entral Expy                                    |                              |   | Dallas           | TX   |            | 75243  |
| political contributions intended   |  |  |                              |   |                  |  |            |  |
| 8<br>PURPOSE   | (a) Category   | (See Categories listed at the top of this s    | chedule)                     | (b) Descr   | iption           |  |            |  |
| OF   | Fees   |  |                              | Filing  | fee              |  |            |  |
| EXPENDITURE  | (c)  | Check if travel outside of Texas. Complete Sci | hedule T.                    | П   | Check if Austin. | TX, officeholder livi                                    | na exp     | ense   |
| 9  | Candid   | late / Officeholder name                       |                              | Office sou  |                  |  |            | office held  |
| Complete ONLY if direct expenditure to benefit C/OH                          |  |  |                              | VIII-100  | 3                |  |            | mee neid   |
| Date   | Payee nar  | ne   |                              |   |                  |  |            |  |
| 11/17/2023   | ProQuest   | LLC  |                              |   |                  |  |            |  |
| Amount (\$)  | Payee ad   | dress;   | -                            |   | City;            | Stat   | e;         | Zip Code   |
| \$43.71  | 789 E Eise   | nhower Pkwy                                    |                              |   | Ann Arbor        | м  |            | 48108  |
| Reimbursement from political contributions intended                          |  |  |                              |   |                  |  |            |  |
| PURPOSE  | Category   | (See Categories listed at the top of this s    | chedule)                     | Descr   | ription          |  |            |  |
| OF   | Other  |  |                              | Rese  | arch             |  |            |  |
| EXPENDITURE  |  | 0. 17.   |                              |   |                  |  |            |  |
|  | Check if travel outside of Texas. Complete Schedule T. |  |                              |   |                  | TX, officeholder liv                                     | ing exp    | ense   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/                  |  | ate / Officeholder name                        | eholder name Office sought ( |   |                  | 0  | ffice held |  |
| Date   | Payee nar  | me   |                              |   |                  |  |            |  |
| 11/19/2023   | Office De  | epot   |                              |   |                  |  |            |  |
| Amount (\$)  | Payee add  |  |                              | C   | City;            | State;   |            | Zip Code   |
| \$16.24  | 11615 N Ce   | ntral Expy                                     |                              |   | Dallas           | TX   |            | 75243  |
| Reimbursement from political contributions intended                          |  |  |                              |   |                  |  |            |  |
| DURROSE  | Category   | (See Categories listed at the top of this so   | chedule)                     | Descr   | iption           |  |            |  |
| PURPOSE<br>OF  | OfficeOver   | headRentalExpense                              |                              | Сору  | paper            |  |            |  |
| EXPENDITURE  |  |  |                              |   |                  |  |            |  |
|  |  | Check if travel outside of Texas. Complete Sci |                              |   | -0.0-0.000       | TX, officeholder livi                                    | ng exp     | ense   |
| Complete ONLY if direct expenditure to benefit C/OH                          | Candid   | ate / Officeholder name                        |                              | Office sou  | ght              |  | 0          | ffice held   |
|  | ATTA   | CH ADDITIONAL COPIES O                         | F THIS SC                    | CHEDULE   | AS NEEDE         | ED   |            |  |

## 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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jason A Metcalf 4 Date 5 Payee name 11/21/2023 FedEx Office 6 Amount (\$) 7 Payee address; City; State; Zip Code \$6.50 7927 Forest Ln **Dallas** TX 75230 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** PrintingExpense Paper cutting 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 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 11/23/2023 GoDaddy.com, LLC Amount (\$) Payee address; City; State; Zip Code \$18.16 2115 E GoDaddy Way Tempe ΑZ 85284 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** AdvertisingExpense Website domain 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 Date Payee name 11/30/2023 White Rock Coffee Amount (\$) Payee address; City; State: Zip Code \$13.07 1010 E Northwest Hwy **Dallas** TX 75238 Reimbursement from political contributions Category (See Categories listed at the top of this schedule) Description PURPOSE FoodBeverageExpense Meeting with precinct chair **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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 2024 JAN 16 PM 2: 50

SCHEDULE G

|   |   | EXPENDITURE CATE  | GORIES  | FOR BC   | OX 8(a)         |   |  |                    |  |
|---|---|---|---|--|-----------------|---|--|--------------------|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made<br>Candidate/Officeholder/Politi<br>Credit Card Payment |   | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense |  |                 | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel In District<br>Travel Out Of District<br>Other (enter a category not listed above) |  |                    |  |
| 1 T-t-1 O-b-1 - O-  | 2 FUED NA   | E COLLARS   |   | complete   | tills form.     |   | Probability of the Control of the Co |                    |  |
| 1 Total pages Schedule G: 6   | 2 FILER NAME Jason A Metcalf  |   |   |  |                 | 3 Filer   | ID (Ethics   | Commission Filers) |  |
| 4 Date  | 5 Payee nar   | me  |   |  |                 |   |  |                    |  |
| 12/01/2023  | Sevy's Gr   |   |   |  |                 |   |  |                    |  |
| 6 Amount (\$)   | 7 Payee add   | dress;  |   |  | City;           |   | State;   | Zip Code           |  |
| \$64.13   | 8201 Presto   | n Rd  |   |  | Dallas          |   | TX   | 75225              |  |
| Reimbursement from political contributions intended   |   |   |   |  | Dallas          |   | 17   | 73223              |  |
| 8   | (a) Category  | (See Categories listed at the top of this s   | chedule)  | (b) Des  | cription        |   |  |                    |  |
| PURPOSE<br>OF   | FoodBeve  |   | Meeting with potential donor  |  |                 |   |  |                    |  |
| EXPENDITURE   |   |   |   |  |                 |   |  |                    |  |
|   |   | Check if travel outside of Texas. Complete Sc   | hedule T.   |  | Check if Austir | in, TX, officeholder living expense   |  |                    |  |
| 9<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH  | Candid  | ate / Officeholder name   |   | Office so  | ought           |   |  | Office held        |  |
| Date  | Payee nar   | ne  |   |  |                 |   |  |                    |  |
| 12/04/2023  | Dream Ca  | fe  |   |  |                 |   |  |                    |  |
| Amount (\$)   | Payee add   | dress;  |   |  | City;           |   | State;   | Zip Code           |  |
| \$28.40   | 6465 E Mockingbird, Ste 380   |   |   |  | Dallas          |   | TX   | 75214              |  |
| Reimbursement from political contributions intended   |   |   |   |  |                 |   | 5.5.5.   |                    |  |
| DURROOF   | Category (See Categories listed at the top of this schedule)              |   |   | Des  | cription        |   |  |                    |  |
| PURPOSE<br>OF   | FoodBeverageExpense   |   |   | Meeting with potential campaign staffer          |                 |   |  |                    |  |
| EXPENDITURE   |   |   |   |  |                 |   |  |                    |  |
|   | Check if travel outside of Texas. Complete Schedule T.                    |   |   |  | Check if Austin | n, TX, officeh  | nolder living ex   | kpense             |  |
| Complete ONLY if direct expenditure to benefit C/OH   |   |   |   | Office held                                      |                 |   |  |                    |  |
| Date  | Payee nar   | ne  |   |  |                 |   |  |                    |  |
| 12/04/2023  | Park Citie  | es Republican Women   |   |  |                 |   |  |                    |  |
| Amount (\$)   | Payee add   |   |   |  | City;           |   | State;   | Zip Code           |  |
| \$250.00  | 8301 Harry I  | Hines Blvd  |   |  | Dallas          |   | TX   | 75235              |  |
| Reimbursement from political contributions intended   |   |   |   |  |                 |   |  |                    |  |
| PURPOSE   | Category (See Categories listed at the top of this schedule) EventExpense |   |   | Description                                      |                 |   |  |                    |  |
| OF  |   |   |   | PCRW Christmas Luncheon                          |                 |   |  |                    |  |
| EXPENDITURE   | Charliffer of puts' 17 To 2   |   |   |  |                 |   |  |                    |  |
|   | Check if travel outside of Texas. Complete Schedule T.                    |   | nedule T.   | Check if Austin, TX, officeholder living expense |                 |   |  |                    |  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candid  | ate / Officeholder name   |   | Office so  | ought           |   |  | Office held        |  |
|   | ATTA  | CH ADDITIONAL COPIES O  | F THIS S  | CHEDUL   | E AS NEED       | DED   |  |                    |  |

## 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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

| Consulting Expense<br>Contributions/Donations Made<br>Candidate/Officeholder/Polit                              |  | Food/Beverage Expense Gift/Awards/Memorials Expense                              |          |  | Travel In District Travel Out of District |                       |  |
|---|--|--|----------|--|---|-----------------------|--|
| Credit Card Payment   | icai committee   | The Instruction Guide explains   |          |  | Other (enter a catego                     | ory not listed above) |  |
| 1 Total pages Schedule G:   | 2 FILER NA   |  |          |  | 2 511-15 (511)                            |                       |  |
| 6   | 2 FILER NAME Jason A Metcalf  3 Filer ID (Ethics Commi   |  |          |  |   | Commission Filers)    |  |
| 4 Date  | 5 Payee nar  | me   |          |  |   |                       |  |
| 12/06/2023  | Lane's O   | AK'D BBQ   |          |  |   |                       |  |
| 6 Amount (\$)   | 7 Payee ad   | dress;   |          | City;  | State;                                    | Zip Code              |  |
| \$6.33  | 4525 Belt Li   | ine Rd   |          | Addison  | TX  | 75001                 |  |
| Reimbursement from political contributions intended   |  |  |          |  |   |                       |  |
| 8<br>PURPOSE  |  | (a) Category (See Categories listed at the top of this schedule) (b) Description |          |  |   |                       |  |
| OF  | FoodBeverageExpense  |  |          | DCRP Christmas dinner  |   |                       |  |
| EXPENDITURE   | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living e    |  |          |  |   | expense               |  |
| 9   |  | ate / Officeholder name  |          | Office sought  | ,,g                                       | Office held           |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  |  |          | #####################################  |   | o mod nota            |  |
| Date  | Payee nar  | me   |          |  |   |                       |  |
| 12/15/2023  | Mailchimp  |  |          |  |   |                       |  |
| Amount (\$)   | Payee add  | dress;   |          | City;  | State;                                    | Zip Code              |  |
| \$362.44  Reimbursement from  | 675 Ponce  | De Leon Ave NE, Ste 5000   |          | Atlanta  | GA  | 30308                 |  |
| political contributions intended  |  |  |          |  |   | 0.000                 |  |
| PURPOSE   |  | (See Categories listed at the top of this sc                                     | chedule) | Description  |   |                       |  |
| OF  | AdvertisingExpense   |  |          | Email marketing  |   |                       |  |
| EXPENDITURE   | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |  |          |  |   |                       |  |
|   |  |  |          | and the second s | , TX, officeholder living                 |                       |  |
| Complete ONLY if direct expenditure to benefit C/6  |  |  |          | Office held  |   |                       |  |
| Date  | Payee nar  | ne   |          |  |   |                       |  |
| 12/23/2023  | GoDaddy  | .com, LLC  |          |  |   |                       |  |
| Amount (\$)   | Payee add  |  |          | City;  | State;                                    | Zip Code              |  |
| \$7.45 Reimbursement from   | 2115 E GoD   | addy Way   |          | Tempe  | AZ  | 85284                 |  |
| political contributions intended  |  |  |          |  |   |                       |  |
| DUDDOST   | Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense                 |  | hedule)  | Description  |   |                       |  |
| PURPOSE<br>OF   |  |  |          | Microsoft 365 Email  |   |                       |  |
| EXPENDITURE   |  |  |          |  |   |                       |  |
|   | Check if travel outside of Texas. Complete Schedule T.   |  | edule T. | Check if Austin, TX, officeholder living expense   |   |                       |  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candid   | ate / Officeholder name  |          | Office sought  |   | Office held           |  |
|   | ATTA   | CH ADDITIONAL COPIES OF  | THIS SO  | CHEDULE AS NEED  | ED  |                       |  |
| 100 Mg |  |  |          |  |   |                       |  |

## 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

| Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  Credit Card Payment |  |                     |                            |  |  |  |  |
|--|--|---------------------|----------------------------|--|--|--|--|
|  | The Instruction Guide explains how to  | complete this form. |                            |  |  |  |  |
| 1 Total pages Schedule G:  | 2 FILER NAME   |                     | 3 Filer ID (Ethics         | Commission Filers)   |  |  |  |
| 6  | Jason A Metcalf  |                     |                            |  |  |  |  |
| 4 Date   | 5 Payee name   |                     |                            |  |  |  |  |
| 11/23/2023   | GoDaddy.com, LLC   |                     |                            |  |  |  |  |
| 6 Amount (\$)  | 7 Payee address;   | City;               | State;                     | Zip Code   |  |  |  |
| \$7.57   | 9032 Clearhurst Dr   | Dallas              | TX                         | 75238  |  |  |  |
| Reimbursement from political contributions intended  |  |                     |                            |  |  |  |  |
| 8<br>PURPOSE   | (a) Category (See Categories listed at the top of this schedule)   | (b) Description     | 0.00                       |  |  |  |  |
| OF   | OfficeOverheadRentalExpense  | Microsoft 365 Em    | nail                       |  |  |  |  |
| EXPENDITURE  | (c) Check if travel outside of Texas. Complete Schedule T.   | Check if Austin, 7  | TX, officeholder living e  | xpense   |  |  |  |
| 9<br>Complete ONLY if direct   | Candidate / Officeholder name  | Office sought       |                            | Office held  |  |  |  |
| Complete ONLY if direct expenditure to benefit C/OH  |  |                     |                            |  |  |  |  |
| Date   | Payee name   |                     |                            |  |  |  |  |
| 11/14/2023   | PoliEngine, LLC  |                     |                            |  |  |  |  |
| Amount (\$)  | Payee address;   | City;               | State;                     | Zip Code   |  |  |  |
| \$35.00  | 621 NW 12th Ave  | Gainesville         |                            | 32601  |  |  |  |
| Reimbursement from political contributions intended  |  |                     |                            |  |  |  |  |
| DUDDOOF  | Category (See Categories listed at the top of this schedule)   | Description         |                            |  |  |  |  |
| PURPOSE<br>OF  | AdvertisingExpense   | Website hosting     |                            |  |  |  |  |
| EXPENDITURE  | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |                     |                            |  |  |  |  |
|  | Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name                    |                     | TX, officeholder living of | The state of the s |  |  |  |
| Complete ONLY if direct expenditure to benefit C/6   |  | Office sought       |                            | Office held  |  |  |  |
| Date   | Payee name   |                     |                            |  |  |  |  |
| 12/14/2023   | PoliEngine, LLC  |                     |                            |  |  |  |  |
| Amount (\$)  | Payee address;   | City;               | State;                     | Zip Code   |  |  |  |
| \$35.00 Reimbursement from   | 621 NW 12th Ave  | Gainesville         | FL                         | 32601  |  |  |  |
| political contributions intended   |  |                     |                            |  |  |  |  |
| PURPOSE  | Category (See Categories listed at the top of this schedule)   | Description         |                            |  |  |  |  |
| OF   | AdvertisingExpense   | Website hosting     |                            |  |  |  |  |
| EXPENDITURE  | Check if travel autoit = 17  |                     |                            |  |  |  |  |
|  | Check if travel outside of Texas. Complete Schedule T.   | <del></del>         | TX, officeholder living e  |  |  |  |  |
| 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   | :D                         |  |  |  |  |

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

2024 JAN 16 PM 2: 50

|  |  |  |             |  |  | -  |  |  |
|--|--|--|-------------|--|--|--|--|--|
|  |  | EXPENDITURE CATE   | GORIES      | 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/Reimbursemen Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor |             | erhead/Rental Expense<br>xpense<br>Expense<br>Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Other (enter a category not listed above) |  |  |  |
|  |  | The Instruction Guide explain  | ns how to   | complete this form.  |  |  |  |  |
| 1 Total pages Schedule G:  | 2 FILER NA   | ME   |             |  | 3 Filer ID (Ethics   | Commission Filers)   |  |  |
| 6  | Jason A I  | Metcalf  |             |  |  | the control of the co |  |  |
| 4 Date   | 5 Payee nar  |  |             |  |  |  |  |  |
| 12/09/2023   | Parkmobi   | le, LLC  |             |  |  |  |  |  |
| 6 Amount (\$)  | 7 Payee ad   | dress;   |             | City;  | State;   | Zip Code   |  |  |
| \$2.75   | 1100 Spring  | St NW  |             | Atlanta  | GA   | 30309  |  |  |
| Reimbursement from political contributions intended  |  |  |             | , manta  | 5/1  | 00003  |  |  |
| 8<br>PURPOSE   | (a) Category   | (See Categories listed at the top of this so   | chedule)    | (b) Description  |  |  |  |  |
| OF   | TravelInDistrict   |  |             | Parking for Dallas County Commissioners meeeting                   |  |  |  |  |
| EXPENDITURE  | (c) [  | Check if travel outside of Texas. Complete Sch   | h - d d - T |  |  |  |  |  |
| 9  | inset 10 c   | ate / Officeholder name  | nedule I.   |  | TX, officeholder living ex   | The Property of the Property o |  |  |
| Complete ONLY if direct expenditure to benefit C/OH  | Candid   | ate / Officerolder frame   |             | Office sought  | ,  | Office held  |  |  |
| Date   | Payee nar  | ne   |             |  |  |  |  |  |
| Amount (\$)  | Payee add  | dress;   |             | City;  | State;   | Zip Code   |  |  |
| Reimbursement from political contributions intended  |  |  |             |  |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category   | (See Categories listed at the top of this so   | chedule)    | Description  |  |  |  |  |
|  | Check if travel outside of Texas. Complete Schedule T. Check if Austin |  |             |  |  | in, TX, officeholder living expense  |  |  |
| Complete ONLY if direct expenditure to benefit C/C   | Candidate / Officeholder name  |  |             |  | Office held  |  |  |  |
| Date   | Payee nan  | ne   |             |  |  |  |  |  |
| Amount (\$)  | Payee add  | lress;   |             | City;  | State;   | Zip Code   |  |  |
| Reimbursement from political contributions intended  |  |  |             |  |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category   | (See Categories listed at the top of this so   | chedule)    | Description  |  |  |  |  |
|  |  | heck if travel outside of Texas. Complete Sch  | nedule T.   | Check if Austin,   | TX, officeholder living ex   | pense  |  |  |
| Complete ONLY if direct expenditure to benefit C/OH  | Candida  | ate / Officeholder name  |             | Office sought  | . (  | Office held  |  |  |
|  | ATTA   | CH ADDITIONAL COPIES OF  | F THIS SO   | CHEDULE AS NEED  | ED   |  |  |  |