

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.				<b>1</b> Filer ID (Ethics Commission Filers)		<b>2</b> Total pages filed: 8	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Jason	MI A	<b>OFFICE USE ONLY</b>			
	NICKNAME	LAST Metcalf	SUFFIX				
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE		
	7150 Skillman St	Suite 160	Dallas	TX	75231		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER		EXTENSION			
	(214 )	537-5697					
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Rohit	MI J	Date Received <b>ELECTRONICALLY FILED</b> 01/15/2025  JAN 16 '25 AM 10:57			
	NICKNAME	LAST Joy	SUFFIX				
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #:	CITY:	STATE:	ZIP CODE	
	539 W Commerce St		Ste 1525	Dallas	TX	75208	
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION			
	(469 )	780-4877					
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)						
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
<b>10</b> PERIOD COVERED	Month     Day     Year		THROUGH		Month     Day     Year		
		10     27     2024				12     31     2024	
<b>11</b> ELECTION	ELECTION DATE		ELECTION TYPE				
	Month     Day     Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special					
<b>12</b> OFFICE		OFFICE HELD (if any)		<b>13</b> OFFICE SOUGHT (if known) County Commissioner-District #1			
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE	COMMITTEE NAME					
	<input checked="" type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE CAMPAIGN TREASURER ADDRESS						

**GO TO 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 Commission Filers)

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR  
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ .00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 20.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 114.57

4. TOTAL POLITICAL EXPENDITURES

\$ 28,533.79

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 10.00

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 39,955.25

18 SIGNATURE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Please complete either option below.

## (1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_,  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19** FILER NAME**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS  
NAME OF SCHEDULESUBTOTAL  
AMOUNT

- |     |                                     |  |               |
|-----|-------------------------------------|--|---------------|
| 1.  | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$\$20.00     |
| 2.  | <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$\$0.00      |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$\$0.00      |
| 4.  | <input checked="" type="checkbox"/> | SCHEDULE E: LOANS  | \$\$5,748.43  |
| 5.  | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$\$28,533.79 |
| 6.  | <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$\$0.00      |
| 7.  | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$\$0.00      |
| 8.  | <input type="checkbox"/>            | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$\$0.00      |
| 9.  | <input type="checkbox"/>            | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$\$0.00      |
| 10. | <input type="checkbox"/>            | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$\$0.00      |
| 11. | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$\$0.00      |
| 12. | <input checked="" type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$\$16.23     |

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 10/25/2024	5 Full name of contributor Lisa Welch-Spriggs <input type="checkbox"/> out-of-state PAC (ID# _____)  6 Contributor address; City; State; Zip Code 1583 Preserve Way Clearwater FL 33764	7 Amount of contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) N/A
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**LOANS****SCHEDULE E**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 E: 1
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$0.00
5 Date of loan 12/09/2024	7 Name of lender Jason Metcalf <input type="checkbox"/> out-of-state PAC (ID#: _____ )	9 Loan Amount (\$) \$5,748.43
6 Is lender a financial Institution?  Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code 9032 Clearhurst Drive Dallas TX 75238	10 Interest rate 0
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Consulting		13 Employer (See Instructions) Self
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution?  Y <input type="checkbox"/> N <input type="checkbox"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Jason A Metcalf	3 Filer ID (Ethics Commission Filers)
4 Date 10/31/2024	5 Payee name Joy CPA LLC	
6 Amount (\$) \$500.00	7 Payee address; 539 W Commerce St	City; State; Zip Code Dallas TX 75208
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) AccountingBanking	(b) Description Campaign treasurer
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/29/2024	Payee name Joy CPA LLC	
Amount (\$) \$500.00	Payee address; 539 W Commerce St	City; State; Zip Code Dallas TX 75208
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) AccountingBanking	Description Campaign treasurer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/21/2024	Payee name Orbit Interactive, Inc.	
Amount (\$) \$24,864.29	Payee address; 2525 Ponce de Leon. Floor - 3rd	City; State; Zip Code Coral Gables FL 33134
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description Digital advertising
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2	<b>2</b> FILER NAME Jason A Metcalf	<b>3</b> Filer ID (Ethics Commission Filers)				
<b>4</b> Date 10/31/2024	<b>5</b> Payee name Dallas County Republican Party					
<b>6</b> Amount (\$) \$2,249.66	<table style="width:100%; border: none;"> <tr> <td style="width:55%; border: none;"><b>7</b> Payee address; 11617 N Central Expressway, Suite 240</td> <td style="width:15%; border: none;">City; Dallas</td> <td style="width:15%; border: none;">State; TX</td> <td style="width:15%; border: none;">Zip Code 75243</td> </tr> </table>		<b>7</b> Payee address; 11617 N Central Expressway, Suite 240	City; Dallas	State; TX	Zip Code 75243
<b>7</b> Payee address; 11617 N Central Expressway, Suite 240	City; Dallas	State; TX	Zip Code 75243			
<b>8</b>  PURPOSE OF EXPENDITURE	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <b>(a)</b> Category (See Categories listed at the top of this schedule) AdvertisingExpense               </td> <td style="width:50%; border: none;"> <b>(b)</b> Description Text messaging               </td> </tr> <tr> <td colspan="2" style="border: none;"> <b>(c)</b>    <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.        <input type="checkbox"/> Check if Austin, TX, officeholder living expense               </td> </tr> </table>		<b>(a)</b> Category (See Categories listed at the top of this schedule) AdvertisingExpense	<b>(b)</b> Description Text messaging	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	<b>(a)</b> Category (See Categories listed at the top of this schedule) AdvertisingExpense	<b>(b)</b> Description Text messaging				
<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense						
<table style="width:100%; border: none;"> <tr> <td style="width:25%; border: none;"> <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH               </td> <td style="width:45%; border: none;">Candidate / Officeholder name</td> <td style="width:20%; border: none;">Office sought</td> <td style="width:10%; border: none;">Office held</td> </tr> </table>			<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date 11/05/2024	Payee name Yogi's Sushi Bar					
Amount (\$) \$305.27	<table style="width:100%; border: none;"> <tr> <td style="width:55%; border: none;">Payee address; 9440 Garland Rd #130</td> <td style="width:15%; border: none;">City; Dallas</td> <td style="width:15%; border: none;">State; TX</td> <td style="width:15%; border: none;">Zip Code 75218</td> </tr> </table>		Payee address; 9440 Garland Rd #130	City; Dallas	State; TX	Zip Code 75218
Payee address; 9440 Garland Rd #130	City; Dallas	State; TX	Zip Code 75218			
<b>PURPOSE OF EXPENDITURE</b>	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">           Category (See Categories listed at the top of this schedule) FoodBeverageExpense         </td> <td style="width:50%; border: none;">           Description Election night party         </td> </tr> <tr> <td colspan="2" style="border: none;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.        <input type="checkbox"/> Check if Austin, TX, officeholder living expense         </td> </tr> </table>		Category (See Categories listed at the top of this schedule) FoodBeverageExpense	Description Election night party	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	<table style="width:100%; border: none;"> <tr> <td style="width:55%; border: none;">Payee address;</td> <td style="width:15%; border: none;">City;</td> <td style="width:15%; border: none;">State;</td> <td style="width:15%; border: none;">Zip Code</td> </tr> </table>		Payee address;	City;	State;	Zip Code
Payee address;	City;	State;	Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">           Category (See Categories listed at the top of this schedule)         </td> <td style="width:50%; border: none;">           Description         </td> </tr> <tr> <td colspan="2" style="border: none;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.        <input type="checkbox"/> Check if Austin, TX, officeholder living expense         </td> </tr> </table>		Category (See Categories listed at the top of this schedule)	Description	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE K

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 K: 1
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 10/30/2024	5 Name of person from whom amount is received Amazon	8 Amount (\$) \$16.23
	6 Address of person from whom amount is received; City; State; Zip Code 410 Terry Ave N Seattle WA 98109	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Return of merchandise	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

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