CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Buide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	_{FIRST} Jason	MI A	OFFICE USE ONLY		
NAME	NICKNAME	LAST Metcalf	SUFFIX	Date Received ELECTRONICALLY FILED 10/28/2024		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	7150 Skillman St, Suite 160		TX 75231			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 537-5697	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Rohit	мı J	Receipt # Amount \$ Date Processed		
NAME	NICKNAME	LAST Joy	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / S e St Ste 1		STATE: ZIP CODE TX 75208		
8 CAMPAIGN TREASURER PHONE	AREA CODE (469)	PHONE NUMBER 780-4877	EXTENSION			
9 REPORT TYPE	January 15	30th day before 6		15th day after campaign treasurer appointment (Officeholder Only)		
10 PERIOD COVERED	July 15 Month	Day Year 27 2024	Exceeded Modified Reporting Limit Month THROUGH 10	Day Year 26 / 2024		
11 ELECTION	ELECTION DA Month Day 11 05		Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if kno County Commissioner			
14 NOTICE FROM POLITICAL COMMITTEE(S)	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					
	✓ GENERAL	COMMITTEE ADDRESS				
Additional Pages	SPECIFIC	COMMITTEE GAMPAIGN TRE	EASURER NAME			
, ,		COMMITTEE CAMPAIGN TR	REASURER ADDRESS			
		go то	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 F	iler ID (Ethics Con	nmission Filers)
Jason A Metcalf				
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIE PLEDGES, LOANS, OR GUARANTEES OF CONTRIBUTIONS MADE ELECTRONICALI 	LOANS, OR	\$.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUA	ARANTEES OF LOANS)	\$ 23,948.00)
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDI	TURE.	\$402.98	
	4. TOTAL POLITICAL EXPENDITURES		\$ 31,892.6	1
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAIN OF REPORTING PERIOD	TAINED AS OF THE LAST DA	\$ 22,759.1	3
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTS LAST DAY OF THE REPORTING PERIOD	TANDING LOANS AS OF THE	\$ 32,057.5	2
(1) Affidavit	Please complete eith	ner option below.	te proffice olde	r
NOTARY STAMP/SEA	-			
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 administe	ring oath Printed name of officer administ	tering oath	Title of officer	administering oath
	OR			
(2) Unsworn Declarati	on			
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(month)	, 20(year)	
	_	Signature of Candidate/0	Officeholder (Decl	arant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		OOVERO	TILLT TO 5
19	FILER NAME :	20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$\$23,948.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$\$0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$\$0.00
4.	SCHEDULE E: LOANS		\$\$0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$\$31,793.61
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$\$0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$\$0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$\$0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNI	DS	\$\$99.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	BUSINESS OF C/OH	\$\$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE TO FILER	ONS RETURNED	\$\$0.00

SCHEDULE A1

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 6
Jason A M		3 Filer ID (Ethics Commission Filers)
4 Date 9/27/2024	5 Full name of contributor	7 Amount of contribution (\$) \$100.00
	6 Contributor address; Clty; State; Zip Code 9473 Dartridge Dr Dallas TX 75238	
Retired	ccupation / Job title (See Instructions) 9	ions)
Date 9/30/2024	Full name of contributor	Amount of contribution (\$) \$20,000.00
Principal oc Private Equ	cupation / Job title (See Instructions) Employer (See Instructions) SunTx Capital Partner	
Date 0/01/2024	Full name of contributor out-of-state PAC (ID#:) Richardson Republican Women Contributor address; City; State; Zip Code PO Box 831626 Richardson TX 75083	Amount of contribution (\$) \$200.00
Principal oc	ccupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date 0/03/2024	Full name of contributor out-of-state PAC (ID#:) Steve Sawyer	Amount of contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 422 Sonora Garland TX 75043	
Principal oc Retired	ccupation / Job title (See Instructions) Employer (See Instruct Retired	tions)

SCHEDULE A1

Jason A Metcalf 4 Date 5 Full name of contributor out-of-state PAC (ID# 5 S200.00 5 S200.00	1	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Superiorization Superioriz	TOTAL STREET,		3 Filer ID (Ethics Commission Filers)
6 Contributor address: City: Dallas TX 75238 3 Principal occupation / Job title (See Instructions) Piano Teacher Date Olds Full name of contributor Contributor Principal occupation / Job title (See Instructions) Retired Principal occupation / Job title (See Instructions) Retired Full name of contributor Contributor Contributor See Instructions Self Contributor address: City: State: Zip Code TX 75150 Principal occupation / Job title (See Instructions) Retired Date Date Contributor address: City: State: Zip Code TX 75043 Principal occupation / Job title (See Instructions) Retired Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Retired Amount of contribution (\$) \$250.00	4 Date 0/09/2024	Mary Fally	
Piano Teacher Self		6 Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code See Instructions Set			tions)
Contributor address; City; State; Zip Code 2625 Independence Drive Mesquite TX 75150 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor Out-of-state PAC (ID#:	Date 0/09/2024	Elizabeth Degelia	The state of the s
Retired Retired Retired		Contributor address; City; State; Zip Code	
David Lawson \$50.00 Contributor address; City; State; Zip Code 314 Meadowcreek Lan Garland TX 75043 Principal occupation / Job title (See Instructions) Retired Eugene Roos Contributor address; City; State; Zip Code 10/02/2024 Full name of contributor out-of-state PAC (ID#			tions)
Contributor address; City; State; Zip Code 314 Meadowcreek Lan Garland TX 75043 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Amount of contribution (\$) Eugene Roos Contributor address; City; State; Zip Code 3140 Harvard Avenue Dallas TX 75205		David Lawson	
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Eugene Roos \$250.00 Contributor address; City: State; Zip Code 3140 Harvard Avenue Dallas TX 75205		Contributor address; City; State; Zip Code	
Eugene Roos \$250.00 Contributor address; City; State; Zip Code 3140 Harvard Avenue Dallas TX 75205			ctions)
3140 Harvard Avenue Dallas TX 75205		Eugene Roos	
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Transfer Control of the Control of t	
Retired Retired			ctions)

SCHEDULE A1

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

2 FILER NAME		
2 FILER NAME	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 6
Jason A Met	9000	3 Filer ID (Ethics Commission Filers)
4 Date 0/02/2024	5 Full name of contributor	7 Amount of contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code 3140 Harvard Avenue Dallas TX 75205	
8 Principal occu VP, Marketin	pation / Job title (See Instructions) 9	ions)
Date 10/03/2024	Full name of contributor out-of-state PAC (ID#:) Janie Brittain	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 1318 O Shannon Lane Garland TX 75044	
Principal occup Retired	pation / Job title (See Instructions) Employer (See Instructions) Retired	ions)
Date 10/03/2024	Full name of contributor	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 9201 Moss Farm In Dallas TX 75243	
Principal occu Retired	pation / Job title (See Instructions) Employer (See Instructions) Retired	ions)
Date 10/03/2024	Full name of contributorout-of-state PAC (ID#:) Elyce Mouskondis	Amount of contribution (\$) \$508.00
	Contributor address; City; State; Zip Code 7212 Helsem Bend Dallas TX 75230	
	pation / Job title (See Instructions) Employer (See Instructions)	ions)

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

Th	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 6
2 FILER NAM Jason A M	00007	3 Filer ID (Ethics Commission Filers)
4 Date 0/07/2024	5 Full name of contributor	7 Amount of contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code 535 Northwest Hwy Apt 1403 Irving TX 75039	
8 Principal oc Surgeon	cupation / Job title (See Instructions) 9	ions)
Date 10/10/2024	Full name of contributor	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 613 Maydelle Ln Garland TX 75042	
Principal occ Retired	cupation / Job title (See Instructions) Employer (See Instructions) Retired	ions)
Date 10/11/2024	Full name of contributor	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 9819 Edgelake Drive Dallas TX 75218	
Principal occ Retired	cupation / Job title (See Instructions) Employer (See Instructions) Retired	tions)
Date 10/12/2024	Full name of contributor out-of-state PAC (ID#:) Scott Miller	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 11109 Muddler Cv Austin TX 78733	
Principal occ	cupation / Job title (See Instructions) Employer (See Instructions) Self	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED

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:
2 FILER NAM	The state of the s	Filer ID (Ethics Commission Filers)
Jason A M		Children Commission (1903)
4 Date 0/14/2024	5 Full name of contributor	7 Amount of contribution (\$) \$50.00
	5322 Millifuge Drive Dallas 1A 73243	
8 Principal oc Retired	cupation / Job title (See Instructions) 9	tions)
Date 10/14/2024	Full name of contributor	Amount of contribution (\$) \$30.00
	Contributor address; City; State; Zip Code 150 Classen Drive Dallas TX 75218	
Principal occ Retired	upation / Job title (See Instructions) Employer (See Instructions) Retired	tions)
Date 10/17/2024	Full name of contributor	Amount of contribution (\$) \$35.00
	Contributor address; City; State; Zip Code 1515 Waterside Court Dallas TX 75218	
	perty Management Employer (See Instructions) Self	tions)
Date 10/17/2024	Full name of contributor	Amount of contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 827 N Buckner Blvd Dallas TX 75218	

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.	1 Total pages Schedule A1: 6
2 FILER NAME Jason A Me		3 Filer ID (Ethics Commission Filers)
4 Date 10/21/2024	5 Full name of contributorout-of-state PAC (ID#) Linda Sherman	7 Amount of contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code 420 Classen Dr Dallas TX 75218	
8 Principal occi Retired	upation / Job title (See Instructions) 9	tions)
Date 10/23/2024	Full name of contributor	Amount of contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 1109 Misty Woods Ct Bedford TX 76021	
Principal occu Attorney	pation / Job title (See Instructions) Employer (See Instructions) Self	ctions)
Date 10/25/2024	Full name of contributor	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 9715 Windham Drive Dallas TX 75243	
Principal occu Substitute T	pation / Job title (See Instructions) Employer (See Instructions) eacher RISD/ESS	tions)
Date 10/08/2024	Full name of contributor	Amount of contribution (\$) \$750.00
	Contributor address; City; State; Zip Code PO Box 2206 Austin TX 78768	
Principal occu	upation / Job title (See Instructions) Employer (See Instruc	ctions)
£		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	NEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE F1

ii tiio requested iiii	offination is	not applicable, bo Not I	ilciuue ti	ms page in the re	port.	
		EXPENDITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Consulting Expense Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Ex			ment & Related Expense	
Clout Calar ayrıcı k		The Instruction Guide explain	s how to c	omplete this form.		
1 Total pages Schedule F1: 5	William Indiana Committee Committee	AME Metcalf			3 Filer ID (Ethics	s Commission Filers)
4 Date 09/30/2024	5 Payee na Joy CPA					
6 Amount (\$)	7 Payee ad	idress;		City;	State;	Zip Code
\$500.00	539 W Cor	nmerce St		Dallas	TX	75208
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE	Account	tingBanking		Campaign treas	urer	
OF EXPENDITURE						
	(c)	Check if travel outside of Texas. Complete Se	chedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
10/03/2024	USPS					
Amount (\$)	Payee a			City;	State;	Zip Code
\$1,095.00	10502 Mari	kinson Rd		Dallas	TX	75238
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE	OfficeO	/erheadRentalExpense		Postage		
OF EXPENDITURE						
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
10/03/2024	Texas T	rade Graphics				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$1,244.88	2935 Irving	, Suite 201		Irving	TX	75247
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE	Advertis	ingExpense		Signs		
OF EXPENDITURE						
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held

SCHEDULE F1

ii tile requested iiii	offilation is not applicable, DO NOT III	cidde tills page ill tile i	eport.
	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credt Card Payment		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)
Clour Cald Payment	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F1: 5	2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 10/03/2024	5 Payee name Custom Ink		•
6 Amount (\$) \$422.01	7 Payee address; 2910 District Ave	City; Fairfax	State; Zip Code VA 22301
8 PURPOSE	(a) Category (See Categories listed at the top of this so PrintingExpense	chedule) (b) Description Campaign T-sh	nirts
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Sch	nedule T Check if Aus	stin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/06/2024	The Home Depot		
Amount (\$)	Payee address;	City;	State; Zip Code
\$151.12	6000 Skillman St	Dallas	TX 75231
	Category (See Categories listed at the top of this sol	nedule) Description	
PURPOSE OF EXPENDITURE	AdvertisingExpense	T-posts	
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/07/2024	USPS		
Amount (\$)	Payee address;	City;	State; Zip Code
\$131.40	10233 E Northwest Hwy	Dallas	TX 75238
	Category (See Categories listed at the top of this sol	nedule) Description	
PURPOSE OF EXPENDITURE	OfficeOverheadRentalExpense	Postage	
	Check if travel outside of Texas. Complete Sch	nedule T Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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 Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1: 5	2 FILER NAME Jason A Metcalf		3 Filer ID (Ethic	s Commission Filers)
4 Date 10/03/2024	5 Payee name Quintanilla Marketing			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$1,487.80	1341 W Mockingbird Ln, Ste 600W	Dallas	TX	75247
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	SalariesWagesContractLabor	Canvassing		
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austi	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
10/03/2024	Dallas County Republican Party			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$21.00	11617 N Central Expressway, Suite 240	Dallas	TX	75243
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	PrintingExpense	Printing		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/04/2024	Dallas County Republican Party			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$2,500.00	11617 N Central Expressway, Suite 240	Dallas	TX	75243
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	AdvertisingExpense	Text messaging)	
	Check if travel outside of Texas: Complete Schedule T.	Check if Aust	in, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

							_			
EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Paymeni		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reirnbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor xplains 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: 5	The High and the Hills	AME Metcalf			3 Filer ID (Ethic	s Commission Filers)				
4 Date 10/10/2024	5 Payee na Quintan	ame illa Marketing								
6 Amount (\$) \$4,291.94	7 Payee at 1341 W Mo	ddress; ockingbird Ln, Ste 600W		City; Dallas	State; TX	Zip Code 75247				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SalariesWagesContractLabor			(b) Description Canvassing						
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name			Office sought	in, TX, officeholder living expense Office held					
Date 10/16/2024	Payee na	ame Ila Marketing								
Amount (\$) \$1,558.79	Payee at	ddress; ockingbird Ln, Ste 600W		City: Dallas	State; TX	Zip Code 75247				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SalariesWagesContractLabor			Description Canvassing						
		Check if travel outside of Texas. Complete Schedule T Check if Air				istin, TX, officeholder living expense				
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH			Office sought		Office held					
Date 10/16/2024	Payee n									
Amount (\$) \$4,955.84	Payee at 521 Oxford			City; Garland	State; TX	Zip Code 75043				
PURPOSE OF EXPENDITURE		/ (See Categories listed at the top of this s WagesContractLabor	chedule)	Description Canvassing						
		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	100000000000000000000000000000000000000	date / Officeholder name		Office sought		Office held				
	AT	TACH ADDITIONAL COPIES	OF THIS	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 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 Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:		3 1	3 Filer ID (Ethics Commission Filers)		
5	Jason A Metcalf				
4 Date	5 Payee name				
10/24/2024	Orbit Interactive, Inc.				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$13,030.85	2525 Ponce de Leon. Floor - 3rd	Coral Gables	FL	33134	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	AdvertisingExpense	Digital advertising			
OF	NOTE: 17				
EXPENDITURE					
	(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		Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
	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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
experience to perionic over					
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
				•	
	Catagony /See Catagories listed at the top of this school dat	Description			
DUDDOOF	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			
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OI	1				
	ATTAON ADDITION	001150111 5 10 1155			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D		

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 **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Glft/Awards/Memorials Expense 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) 1 Jason A Metcalf 4 Date 5 Payee name 10/19/2024 USPS 6 Amount (\$) 7 Payee address; City; State: Zip Code \$99.00 6640 Abrams Rd Dallas TX 75231 Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Postage OfficeOverheadRentalExpense OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. (c) 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 Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE 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 Amount (\$) Pavee address: City; State: Zip Code Reimbursement from political contributions intended 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