# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

		<del> </del>			
The C/OH Instruction	Guide explains how to com	i i	1 Filer ID (Ethic	s Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR)	ristophe	r	$\mathcal{M}$	OFFICE USE ONLY  Date Received
	Chris	Jone S		SUFFIX	And the state of t
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P.O. Bo	SUITE #; CITY X52 Olia, TX.			RECEIVED TO SELECTION OF SELECT
5 CANDIDATE/ OFFICEHOLDER PHONE	1	E NUMBER - 6493	EXTEN	SION	JAN 1 5 2020 B
6 CAMPAIGN TREASURER NAME	NICKNAME	Jennifer Jordan		MI Z	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BO)		am Circ	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE		NUMBER 70-224	EXTENS	SION	
9 REPORT TYPE	January 15	30th day before election		noti seeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
IO PERIOD COVERED	Month Day 07 / 01 /	Year 2019	тнвоудн	Month 12	Day Year 31 / 2019
n ELECTION	ELECTION DATE  Month Day Year	Primary [	Runoff [	ELECTION TYPE Other Description	
2 OFFICE	office HELD (II any) Montgomery Constable P	County Ct. 5	13 OFFICES	SOUGHT. (If kriewn)	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	unstabi	le Chris Jones 1	5 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS UIRES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
,	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE			
	· ·	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,600.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED				
	4. TOTAL POLITICAL EXPENDITURES \$ 43,907.74				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$53,335.86				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$				
18 AFFIDAVIT					
Notary	KKOLE STRAIN Public, State of Texa . Expires 06-05-2021 ary ID 12943519-1	true and correct and includes all infon	rjury, that the accompanying report is mation equired to be reported by me		
		Signature of Candio	date or Officeholder		
AFFIX NOTARY STAMP	/SEALABOVE				
Sworn to and subscri	bed before me, by	the said Chris Jones	, this the		
day otanuan	January				
Milkole Whethe Mikkole Athe Strain Motary					
Signature of officer ad	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	FILERNAME CONSTABLE Chris Jones 20 Filer 10 (Ethics Co	ommission Filers)					
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,600.00					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$					
4.	SCHEDULE E: LOANS	\$					
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$43,907.74					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$					
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$					
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$					

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Constable Chris Jones	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Curmen & Teffrey Gay  6 Contributor address; City: State; Zip Code 22702 Coriander Dr.	7 Amount of contribution (\$)
MOJAULI	Magnolia, 1x. 171353	1,000.
8 Principal occup	oation / Jolo/itle (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
7/24/2019	Ann Massey  Contributor address; City: State; Zip Code  30215 Rickett Ln.  Magnolia, Tx. 17355	\$50.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
8/30/2019	Contributor address; City; State; Zip Code 10915 Crawford Circle Montgomery, Tx. 77316	\$ 100.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)  Scott Knee : Steven Sondag	Amount of contribution (\$)
8/30/2019	Contributor address; City; State; Zip Code 505 N. Frazier Controe, Tx. 17301	\$ 1,750.00
Principal occup	action / Job title (See Instructions) Employer (See Instruc	tions)
mann e na gleve (1920 d.d.) van dig kankensmenteringen oog vermeeninge p.g. gengen man	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additional	

MONET	TARY POLITICAL CONTRI	SCHEDULE A1	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Constable Chris Jon	es	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor   out-of-state PAC   Alan & Deloris Honic	K	7 Amount of contribution (\$)
8 30/2019	6 Contributor address; City; State 30002 Desert Willow G Magnolia, Tx. 17355	Zip Code	\$ 100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	iions)
Date	Full name of contributor out-of-state PAC Tennifer Griffin	(ID#:)	Amount of contribution (\$)
11/13/2019	Contributor address; City; State 560 Camwood St. Magnolia, Tx. 77355	e; Zip Code	\$ 100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC William Masden	> (ID#:)	Amount of contribution (\$)
12/10/2019	1 -	; Zip Code	\$500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address; City; State	o; Zip Code	
Principal occuş	pation / Job title (See Instructions)	Employer (See Instruct	tions)
THE WALL BOTH THE STATE OF THE		**************************************	
	ATTACH ADDITIONAL COPIES O  If contributor is out-of-state PAC, please see inst		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel in District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Breater Magnolia Parkway Chamber of Commerce 7 Payee address; City State; Zip Code P. O. Box 399 Magnolia, Tx. 17353 (b) Description 8 Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Gheck if Austin, TX, officeholder living expense OF **EXPENDITURE** Uinner Sponsor Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Intgomery County Fair Amount (\$) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH M. Plus, Inc. 7/10/2019 City; State; Zip Code Description Check if travel outside of Texas. Complete Schedule T, PURPOSE OF Event Expense Check if Austin, TX, officeholder living expense EXPENDITURE ction I tem Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Baverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla		oense ages/Contract Labor	Travel IT Dist Travel Out Of Other (enter a	
1 Total pages Schedule F1:	2 FILER N	·		ورا و المحافظة المراجعة المراجعة المحافظة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المرا	3 Filer ID	(Ethics Commission Filers)
4 Date 7/10/2019	5 Payee na	EB				
6 Amount (\$) \$270.32		idress; City; State; 8 FM1488 19n0112, K. 7				
8 PURPOSE	(a) Category	(See Categories listed at the top of thi	ls schedule)	(b) Description  Check if travel or	utside of Texas. Co	nplete Schedule T.
OF EXPENDITURE	Ev	ent Expense		COOKIES, te	n, TX, officeholde LA È ICE LTAIS C	for
9 Complete ONLY if direct expenditure to benefit C/OI		late / Officeholder name		Office sought		Office held
Date 7/29/2019	Payee na	ter Magnolà i	Parku	ray Cham	per of	Commerce
Amount (\$) \$1,780.00	m	0. Box 399 Nagnolia, Tx. 1	11353	3		
PURPOSE OF EXPENDITURE	Don	tion by Cancle Affice Holder	_	Check if Austir		r living expense aracle TitleSponsor
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought	· · · · · · · · · · · · · · · · · · ·	Office held
Date 7/29/2019	Payee n	Star Cowbo	y Chu	rch		
Amount (\$)  # 2,500.00	ه	27 Eva Street	Zip Code (. <i>113</i> 5	4		
PURPOSE OF EXPENDITURE		tion by Candi Afice Holder	is schedule)	Check if Austi	utside of Texas. Coi n. TX, officeholde PSCLF (	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NE	EDED	and the second of the second o

### SCHEDULE F1

#### **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 Glft/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Trayel in District
Trayel Out Of District
Other (enter a category not listed above)

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name 30606 N. Sulphur Creek Magnolia, Tx. 17355 (b) Description Check it travel outside of Texas. Complete Schedule T. PURPOSE Donation by Candidates
Office holder Check if Austin, TX, officeholder living expense OF EXPENDITURE Benefit for Lulu's Loved Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Magnolia Texas Star Dance Payee address; City; State; Zip Code 14350 PM 1488 Magnolia, Tx. 17354
Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE Donatron by Candidate/ Office holder OF Check if Austin, TX, officeholder living expense EXPENDITURE Drill Rum Sponsor for Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Jeffery Ingram Memorial Foundation 7/18/2019 Payee address; City; State; Zip Code P.O. 1500 698 Amount (\$) Magnolia, Tx. 17353 Check if travel outside of Texas. Complete Schedule T. PURPOSE Donation by Candidates OF Check if Austin, TX, officeholder living expense EXPENDITURE Golf Dinner Sponsor Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **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 Lengt Sarvicas 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)

Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Pavee name 4 Date Magnolia Youth Football Association
7 Payee address; Gity; State; Zip Code PA BEX 400 magnolia, Tx. 11353
(a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check it travel outside of Texas. Complete Schedule T. PURPOSE Donation by Candidates ☐ Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Gold Team Sponsor Office Holder Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Brett Ligon Campaiga Description Check if travel outside of Texas, Complete Schedule T. PURPOSE Donation by Candidates
Office holder OF Check if Austin, TX, officeholder living expense EXPENDITURE Bronze Sponsbrship Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name 8/8/2019 forma Brand Proformance Payee address; City; State; Zip Code 8515-U Tuck Rabbi+ Load Honston, Tx. 17095 Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Solicitation/Fundraising OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Relmbursement Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/Donations Made By Glft/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 8/9/2019 B2,000.00 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense TransportationEquipment **EXPENDITURE** 8'LPGas Grill for trailer used to cook for events and campaign Office sought Office held Candidate / Officeholder name 9 Complete ONLY If direct expenditure to benefit C/OH Payee name Magnolia West High School Payee address; City; State; 42202 Fm 1714 magnolia, Tx. 11355 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Donation by Candidate/ Office holder OF Check if Austin, TX, officeholder living expense EXPENDITURE MWHS-Fun Run Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 8/10/2019 Rancho Grande City; State; Zip Code Amount (\$) 18914 FM 1488 Magnolia, Tx. 77355 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense Event Expense EXPENDITURE mwHS Fun Run Participate Dinner Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Relmbursement Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer 1D (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name 19025 Fm 1488 \$178.99 Magnolia, Tx. 17355 (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** \_ Check if Austin, TX, officeholder living expense OF Event Expense **EXPENDITURE** Propane for Cook Trailer Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Rand Henderson Campaign 8/14/2019 Amount (\$) City; State; Zip Code P.O. BOX 1678 onroe, Tx. 11305 Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Donation by Candidates Check if Austin, TX, officeholder living expense EXPENDITURE Friend of Sheriff Sponsor Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Gene De Forest Campaign 8/14/2019 P.D. BON 2326 Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Donation by Candidates Office holder OF Check if Austin, TX, officeholder living expense EXPENDITURE Hole Sponsor Complete ONLY if direct Candidate / Officeholder r Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memoriats Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1; 2 FILER NAME 5 Payee name Teyas Federation of Republican Women 7 Payee address; City; State; Zip Code P.O.BOX 171140 \$ 250,00 Austin, Tx. 18117-0041 Check if travel outside of Texas. Complete Schedule T. PURPOSE Donation by Candidates
Office holder Gheck if Austin, TX, officeholder living expense OF **EXPENDITURE** Donation to Convention Candidate / Officeholder name Office sought Office held S Complete ONLY If direct expenditure to benefit C/OH Tire & Wheel Connection 8/03/2019 11330 FM 1960 Rd.W. Houston, Tx. 77065 Description ... Check If travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense Transportation Equipment EXPENDITURE Tires for campaigan trailer/pit Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Preekside Florist 8/09/2019 Amount (\$) 25241 Fm 2978, Suite A Tombau, Tx. 11315
Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Gifts/Awards/Memorials OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Funeral Flowers for Brenda Hodge Expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **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 Gilft/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Sollcitation/Fundralsing 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Magnolia West Volleyball Booster Club P.O. Box 426 magnolia, Tx. 11353

(a) Category (See Categories listed at the top of this schedule) (b) Description 8 \_\_\_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Donation made by Candidate/Office Holder Check if Austin, TX, officeholder living expense OF EXPENDITURE 2019 Season Sponsor Office sought Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Magnolia Parkway Storage 08/21/2019 Amount (\$) Payee address; City; State; Zip Code 18015 FM 1488 \$ 802 54 magnolia, Tx. 17354 Description Check if travel outside of Texas, Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense Overhead / Rental Expense **EXPENDITURE** Storage unit Comth. rental for Campaixu sixus Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Phone. Com City; State; Zip Code 14288 Danielson St. Suite 100 Poway, CA 92064 Description Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Advertising Expense political advertising Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **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 Glit/Awards/Memorials Expense Legal Services Coan 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 calegory not listed above)

Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name (b) Description Check it travel outside of Texas, Complete Schedule T. **PURPOSE** Donation by Candidates OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Levi Janecek Benefi Candidate / Officeholder name 9 Complete ONLY If direct expenditure to benefit C/OH Pavee name 09/03/2019 Postal Service Payee address; Amount (\$) City; State; Zip Code 815 Goodson Rd. magnolia, Tx. 17355 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE P.O. Box lemth Fee/Dues Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date Tontgomery County Republican Party of Texas Payee address: City: State: Zip Code Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Li Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Zip Code City; State; (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF Event Expense **EXPENDITURE** Hot Dogs for Care Fest for SOS Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date TUFF Payee address; City; State; Zip Code 6606 FM 1488, Ste 148-686 Magnolia, Tx. 17359 Category (Sed ategories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Description Check if travel outside of Texas, Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense Event Expense EXPENDITURE aper goods for Teffery Ingran Memorial Foundatur Cooks ff Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **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 Giff/Awards/Memorials Expense Legal Sarvices 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name FM 1488 gnolia, Tx. 17354 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF Event Expense EXPENDITURE Chicken, ribs, brisket beans, for Jeffery Ingram Memorial Foundation Coxoff Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 18914 FM1488 nagnolia, 1x. 17355 Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense Food Beverage Expense EXPENDITURE meeting to discuss campaig Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Category ((See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX. officeholder living expense EXPENDITURE Food Beverage Expense to discuss campaiga Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Offloeholder/Political Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legai Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing 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 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 10/15/209 6 Amount (\$) l Pompano Street ayou/ista, Tx. 17563 \$223.09 Check if travel outside of Texas, Complete Schedule T. PURPOSE OF \_\_\_ Check if Austin, TX, officeholder living expense Arinting Expense EXPENDITURE Logo into vectored file 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Date Payee name 10/14/2019 Tevas Metal Works 10906 Crestwater Circle \$1,608.15 Magnolia, Tx. 17354 Description Check if travel outside of Texas. Complete Schedute T. **PURPOSE** OF Transportation Equipment Check if Austin, TX, officeholder living expense EXPENDITURE Trailer used for various events and Chanpaisa for cooking. Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Montgomery Courty Printers 10/22/2019 Payee address; City; State; Zip Code 310 N. Danville, Ste. D #113.84 Willis, Tx. 11318 Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE Printing Expense Business Cards Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **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/Relimbursement Office Overhead/Rental Expense Politing 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Magnolia Lions Club
7 Payee address; A City; State: Zio Code \$ 100.00 magnolia, Tx. 17355

(a) Category (See Categories listed at the top of this schedule) (b) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Donation by Cardidates OF Check if Austin, TX, officeholder living expense **EXPENDITURE** ffice Kolder ancake Suppor Sponsor Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Supreme Vinyl Works City; State; Zip Code 12539 CR 201 \$457 00 Plantersville, Tx. 77363 Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense Advertising Expense EXPENDITURE Reflective logo stickers Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 10/18/2019 forma Brand Performance Payee address: City; State; Zip Code 8515-U Jack rabbit Road Amount (\$) Houston, Tx. 77095 Category (See Categories fisted at the top of this schedule) Description Check il travel outside of Texas, Complete Schedule T. PURPOSE OF Solicitation/Fundraising Check if Austin, TX, officeholder living expense EXPENDITURE Hats & Shirts for Community Expense Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **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 Glift/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 ilsted above)

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME magnolia ISD Livestock Show P.O. BOX 88 \$200.00 Magnolia, Tx. 17353 (b) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Grand Champion Turkey Buckle Sponsor Office sought 9 Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH Southern Heritage Consulting City; State; Zip Code Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder fiving expense Consulting Expense EXPENDITURE Political Consulting-September Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Magnolia West High School Payee address; City; State; Zip Code P. D. Box 1631 Magnolia, Tx. 17353 Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE magnolia West High School Project from Booster Club Donation Candidate / Officeholder Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **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 Sarvices Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/Wages/Contract Labor

Solicitation/Fundralsing 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF \_\_ Check if Austin, TX, officeholder living expense **EXPENDITURE** The American Heart Assoc. Golf Bromze Sponsorship Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Pavee name ovenance (reative LLC Amount (\$) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Advertising Expense EXPENDITURE Informational Videos Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH Rotary Club of Magnolia e address; City; State; Zip Code ) . Box 1139 Description PURPOSE Check if travel outside of Texas, Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE 2019 Magnolia Bowl Sponsor Candidate / Officeholder name Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **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 Glift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Safaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Legal Services Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Solicitation/Fundraising OF Check if Austin, TX, officeholder living expensy **EXPENDITURE** 'vard signs and 4'x4' Expense sixus, wire stakes Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date County Republican Women
City; State; Zip Code Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Table for Fundraiser Complete ONLY if direct Office held expenditure to benefit C/OH Pavee address: City: State: Zip Code 31601 Wisteria Rd. ragnolia, Tx. (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Trailer used for various events and Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **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 Glit/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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 30606 N. Sulphur Creek Magnolia, Tx. 77355 (b) Description 8 Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Donation by Candidatel Check if Austin, TX, officeholder living expense **EXPENDITURE** Benefit by Fight the Fight for the Fearless 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date 'apital Commissions Texas 28213 Meadon First magnolia, Tx. 17355 Description \_\_\_\_ Check if travel outside of Texas, Complete Schedule T. PURPOSE mation by Candidate/ Office holder OF Check if Austin, TX, officeholder living expense EXPENDITURE Scottwall Golf Tournament Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name magnolia Historical Society 10/16/2019 Payee address: City; State; Zip Code Amount (\$) POB01186 magnolia, Tx. 17353 Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Donation by Candidatel Officeholder OF Check if Austin, TX, officeholder living expense EXPENDITURE Veterans Day Celebration Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **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)

Oleun Card i ayment	The instruction Guide explains how to c	omplete this form.	. *	
1 Total pages Schedule F1	2 FILER NAME CONSTABLE Chris	s Jones 3 F	lier ID (Ethios Commission Filers)	
4 Date 11 106/2019	Montsomery County &	Pepublican Po	uty	
6 Amount (\$)	7 Payee address; City; State; Zip ode			
\$ 1,000.00	P.O. BOX 45 Convoe, Tx. 17305		ν.	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	· ·		Texas. Complete Schedule T.	
OF EXPENDITURE	Fees		officeholder living expense Filing Fee	
Complete ONLY if direct expenditure to benefit C/C	L Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
11/20/2019	Texas GOP Sales			
Amount (\$)	Payee address; City; State; Zip Code	фильмі (4 г. о общення можен (4 фестина 12 г.) В нене почен боло форму (2 спорад до	1.944-9301-1411-1414-1414-1414-1414-1414-1414-1	
\$ 109.29	404 IH 45S.			
10-1.0-1	Huntsville, Tx. 17340	ing in the state of the state o		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	0		Texas. Complete Schedule T.	
EXPENDITURE	TURE Solicitation / Fundraising Office Holder living expensions			
	Expense	Ar Vehicle	akes ! magnets	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11/20/2019	Texas GOP Sales			
Amount (\$)	Payee address; City; State; Zip Code	•		
\$2,337.48	404 IH 455.			
0,001.10	Huntsville, Tr. 17342	)		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF		1 =	Texas, Complete Schedule T.	
EXPENDITURE	Solicitation/Fundraising Expense		olficeholder living expense 1718, 4'x4'/wgesigns	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/O	н	ŭ		
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	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDEC	)	

### SCHEDULE F1

#### **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 Glit/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME P.O.BN 399 magnolia, Tx. 77353 (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Donation by Cardidate Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Miss Magnolia Pageant Sponsor Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Date Pavee name Greater magnolia Parkway Chamber of Commerce City; State; Zip Code P.O. BOX 399 Magnolia, Tx. 17353 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE lembership Fees Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH Magnolia Hardware & Supply Pavee address: City; State; Zip Code 19025 FM 1488 Magnolia, Tx. 17355 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Taxas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE EVent Expense propane for cook trailer for magnetia West High School Skeet Shoot Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **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/Relmbursement 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Payee address; City, State; Zip Code 3600 E. Palm Valley Blvd. Box#3 Round Rock, Tx. 78665 8 Check it travel outside of Texas, Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** political advertising 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Alpha Academy
Payee address: City; State; Zip Code
919 Cloyd Pr. 12/11/2019 Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; State; Zip Code 18005 FM 1488 nagnolia, Tx. 17354 Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Gifts / Awards / OF Check if Austin, TX, officeholder living expense EXPENDITURE Food Drive Pizza Party for Memorials Expense Bear Branch Elementary winners Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Relmbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Office Overhead/Rental Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Travel In District Glft/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 8 Check it travel outside of Texas, Complete Schedule T. **PURPOSE** Gifts/Awards/Memorials Check If Austin, TX, officeholder living expense OF **EXPENDITURE** Food Drive Pizza Party for Expense Williams Elementary Winne Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Gifts Hwards Memorials Expense EXPENDITURE Candidate / Officeholder Complete ONLY if direct expenditure to benefit C/OH Payee name 12/18/2019 Proforma Brand Performance Amount (\$) 8515-UJackrapbit Road Description \_\_ Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense Solicitation/Fundraising **EXPENDITURE** Hats & Shirts for Community Expense Candidate / Officeholder na Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **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)

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME (b) Description 8 Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense Event Expense EXPENDITURE Office sought Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name izza Hut City; State; Zip Code 18005 Fm 1488 \$43.30 Magnolia, Tx. 17354 Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense Gifts / Awards / Memorials **EXPENDITURE** Food Drive Pitta Party for Nichols Sawmill Elmentary Winners Complete ONLY if direct expenditure to benefit C/OH Stephanie Davis 12/30/2019 5106 Park View Drive Willis, Tx. 77318 Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder fiving expense Advertising Expense EXPENDITURE Campaigu pictures Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Loan Repayment/Relmbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME

4 Date 12/29/2019	Magnolia Area Repub	lican Women		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$100.00	P.O. Box 129 Pinehurst, Tx. 11362	_		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	-	Check if travel outside of Texas, Complete Schedule T.		
OF	nonation by Candidate	Check if Austin, TX, officeholder living expense		
EXPENDITURE	Donation by Candidate/ Officeholder	2020 Events Donation/Sponsor		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
12/29/2019	Magnolia Area Repub	ilican Women		
Amount (\$)	Payee address; City; State; Zip Code	The state of the s		
\$2000	P.O. Box 729			
TOU.	Magnolia, Tx. 17363	<b>)</b>		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Face	Check if Austin, TX, officeholder tiving expense		
	Fees	Associate Membership Fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
12/31/2019	Magnolia Hardware	Supply		
Amount (\$)	Payee address; City; State; Zip Code			
\$10018	19025 FM 1488			
14171,10	magnolia, Tx. 17355			
	Category See Categories listed at the top of this schedule)	Description		
PURPOSE OF	1	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
EXPENDITURE	Havertising Expense	Deck Screws, wood, Cable ties,		
		and washers for Campaign signs		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OF	1			
COLORDO INCOMENTA DE CONTRO DE		Побера каменда и портину при		

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Relmbursement 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)

Candidate/Officeholder/Politica	•	Legal Services		Vages/Contract Labor	Other (enter a catego	
Credit Card Payment		The Instruction Guide	explains how to c	complete this form.		
1 Total pages Schedule F1:	2 FILER N	AME COnstab	le Chris	sJones	3 Filer ID (Ethic	s Commission Filers)
4 Date 12/08/2019		uthern Her	itage (	onsultin	9	
6 Amount (\$)	_	BOX 558		•	J	
700.	Pin	ehurst, Tx	r. 1134	2		
8 PURPOSE	(a) Category	(See Categories listed at the to	p of this schedule)	(b) Description Checkiftravelo	utside of Texas. Complete S	ichedule T.
OF EXPENDITURE	Cons	ulting Exp	ven sc	Consulting Office sought	n, TX, officeholder living	
9 Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought	unqa	Office held
Date	Payee na	aine				
09/03/2019	Sin	ple Textin	g			
Amount (\$) \$25.00	Payee a /8/5	ddress; city; St 5 Purdy Av Imi Beach	ate; Zip Code	39		
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the to	op of this schedule)	Description Check if travel o Check if Austi	utside of Texas. Complete S n, TX, officeholder living Ladverti	expense
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
10/03/2019	Sin	nple Textin	rg .			
Amount (\$)	Payee a		ate; Zip Code			
\$25.00	1815 Mi	s Purdy A 'ami Beach		139		
	Categor	y (See Categories listed at the to	op of this schedule)	Description		
PURPOSE OF					utside of Texas. Complete 9 n, TX, officeholder living	
EXPENDITURE	Adve	rtising Expe	ense		e advert	
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name	)	Office sought		Office held
Sign man and a contract of the	ΑŢ	TACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS NE	EDED	Mikintakakakakakakan (mikintaka) (mikintaka dalam ya mikintakan anda dalam ya mikintakan (mikintakan mikintaka

### SCHEDULE F1

Advertising Expense	Event Expense Loan	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B	Fees Offic Food/Beverage Expense Polli	Repayment/Heinbursement Solicitation/Fundraising Expense transportation Equipment & Related Expense gravel in District Travel Out of District
Candidate/Officeholder/Politica Credit Card Payment	il Committee Legal Services Sala	ries/Wages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains hov	-
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE Ch	HS Jones 3 Filer ID (Ethics Commission Filers)
4 Date 11/03/2019	5 Payof name Simple Texting	•
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$ 2500	1815 Purdy Ave.	22129
00,	miami Blach, FL (a) Category (See Categories listed at the top of this schedul	
8 PURPOSE	(a) Category (see categories listed at the top of this schedul	Check if travel outside of Texas, Complete Schedule T.
PURPOSE OF	AL OSTE	Check if Austin, TX, officeholder living expense
EXPENDITURE	Advertising Expense	political advertising
9 Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought Office held
Date	Payee name	
12/03/2019	Simple Texting	
Amount (\$)	Payee address; City; State; Zip Co	de
\$2500	1815 Purdy Ave.	2217 0
		33139
MITMAAAA	Category (See Categories listed at the top of this schedu	e) Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF		Check if Austin, TX, officeholder living expense
EXPENDITURE	Advertising Expense	Political advertising
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OI	1	
Date	Payee name	
11/13/2019	Pay Pal	
Amount (\$)	Payee address; City; State; Zip Co	de
\$ 2 20	P.O. BOX 105658	
2.00	Atlanta, GA 3034	8-5458
	Category (See Categories listed at the top of this schedu	
PURPOSE OF		Check if travel outside of Texas, Complete Schedule T.
EXPENDITURE	FRES	Check if Austin, TX, officeholder living expense
		Payment Fees-for PayPal Account
Complete ONLY if direct expenditure to benefit G/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF 1	HIS SCHEDULE AS NEEDED
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