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

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS(MR) FIRST  Mark  NICKNAME LAST  JONES	MI G- SUFFIX	OFFICE USE ONLY  BACKET VED IN THE  JAN 1 5, 2010
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		TY: STATE; ZIP CODE	ELECTION OFFICE  Date Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (\$12) \$17 - 2925	EXTENSION	Receipt # Amount
GAMPAIGN TREASURER NAME	MS/MRS/MR)  SEIRST  JAMES  NICKNAME  LAST  DWAYNE  ANDRSON	MI D SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT	E#; CITY; STATE;  KYLE $\mathcal{R}$	ZIP CODE 78640
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (572) 799-4245	EXTENSION	
9 REPORTTYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROU	Month Day 12 /31	Year / 2009
11 ELECTION	Month Day Year Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	Dummissioner, PCT. 2.
14 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign ex- Candidates are required to disclose this information	xpenditures made by others without	the candidate's prior consent or approval
EXPENDITURE BY OTHER INDIVIDUALS	Name N/A		
additional pages	Address / PO Box; Apt. / Suite #; City; State; Zi	p Code	
	GO TO P	AGE 2	

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	MARK	G. Jones	16 ACCOUNT # (Ethics Commission Filer
17 NOTICE FROM POLITICAL	This box is for notice of political contributions accepted or political expenditures made by candidate / officeholder. These expenditures may have been made without the candidate's or candidates and officeholders are required to report this information only if they receive notice		office helderle les enterle des
COMMITTEE(S)	COMMITTEE TYPE  GENERAL  SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 863.60
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9408.60
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ 190.52
	4. TOTAL	POLITICAL EXPENDITURES	\$ 190.52 \$ 87.04.88 \$ 1967.15
CONTRIBUTION BALANCE	5. TOTAL P OF REPO	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 1967.15
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ /263.43
. T	ed before me, by tl	Signature of Candida  The said MARK Jones  Ify which, witness my hand and seal of office.	ormation required to be reported by

#### SCHEDULE A

The Instruct	ion Guide explains how to complete this form.	1 Total pages Schedule A:	-
2 FILER NAM	MARK 6. Jones	3 ACCOUNT # (Ethics Commission filers)	
4 Date 1 31 09	5 Full name of contributor Out-of-state PAC (ID#:	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable	
9 Principal occ	upation / Job title (See Instructions)  10 Employer	(See Instructions)	
9/18/09	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) In-kind contribution description (if applicable)	)
Principal occu		(If travel outside of Texas, complete Schedule T) (See Instructions)  Stin Community Calle	-
9 /24/p4	Full name of contributor   out-of-state PAC (ID#:  Brull OR I)Lbynah Lockart  Contributor address; City; State; Zip Code  BB GRIST MILL OR KYLE R  pation / Job title (See Instructions)   Employer	Amount of contribution (\$) In-kind contribution description (if applicable)  700	
Principal occu	pation / Job title (See Instructions) Employer	(See Instructions)	
9/29/09	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) In-kind contribution description (if applicable)	)
	12708 AZALEA GR, BUSA, TR 7861.	(If travel outside of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions) Employer	(See Instructions)	
Date 10/5/09	Full name of contributor out-of-state PAC (ID#:		
Principal occu	pation / Job title (See Instructions) Employer (	(If travel outside of Texas, complete Schedule T) (See Instructions)	
		<del></del>	$\dashv$

### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

#### SCHEDULE A

The Instructi	on Guide explains how to complete this form.		1 Total pages Sche	edule A: 6
2 FILER NAM	MARK 6. JONES		3 ACCOUNT# (Ett	nics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_ WILLIAM C. Spillar 6 Contributor address; City; State; Zip Code ULO 2 TRAILS END SAN MM	cos, TX 78	7 Amount of contribution (\$)  Zoo O	8 In-kind contribution description (if applicable)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See I		rexas, complete schedule 1)
Date	Full name of contributor   out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
(1/0/2/	6089 MCNAUBHTON KYLE, 7	R 18646	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_ PAT Shoemaker		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/2/09	Contributor address; City; State; Zip Code  11 FAIRCUST BUSA, TX	29/4/0	200 00	
	(c) PHIRCOGS 1 12004, 1X	1001	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See II		,
Date 1 1 9 09	Full name of contributor Out-of-state PAC (ID#	rek	Amount of contribution (\$)	In-kind contribution description (if applicable)
(3)	Contributor address; City; State; Zip Code  101 Pharakope De Bus.	A TR 18610	10000	
Principal occu	pation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
1 1 1 1 0 9	Full name of contributor	Y	Amount of contribution (\$)	In-kind contribution description (if applicable)
	115 Inpian Hills PT, FYLE, TI	18640	(if travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	

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#### SCHEDULE A

The Instructi	on Guide explains how to complete this form.		1 Total pages Sche	edule A:
2 FILER NAM	MARK 6. Jones		3 ACCOUNT# (Eth	ics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
	Susaw Sides		contribution (\$)	description (if applicable)
11/16/09	6 Contributor address; City; State; Zip Code		10000	
(11/10/10)	POBOX 47 KYLE, 127	Jayn	195	
	PODOX 41 KYDE, 1X (	0010	(If travel outside o	of Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See	Instructions)  BYC CISID	
Date	Full name of contributor  ut-of-state PAC (ID#:_			In hind contribution
			Amount of contribution (\$)	In-kind contribution description (if applicable)
1 1	WANT DICKNAM			
11/16/09	Contributor address; City; State; Zip Code 300 (RYSTAL MEADOW DR LY)	•	10000	
1.6.6.4	200 (RYSTIAN MORALLI DR VY	IED ASINA	100	
	> 0 1711 C1 101000 - 1011	1/ 100G	(If travel outside o	f Texas, complete Schedule T)
Principal occu	ipation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	William M. Johnson		contribution (\$)	description (if applicable)
1 1	Contributor address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	. 00	
11/16/09			100 -	
	605 W 2nd ST, KYLE, TR	18640	(If travel autolde	(Tours complete Cabadala T)
	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Dar on Bety Brooks		contribution (\$)	description (if applicable)
1.100	Contributor address; City; State; Zip Code	,	00	
11/16/09			500	
	POBOX 147 KYLE, TR	18640		
Principal accu	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
Filicipal occu	Teacher		Community	College
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	John or Carol Childress		contribution (\$)	description (if applicable)
16/16/09	Contributor address; City; State; Zip Code		00	
16/10/21	. 01	2 20112	109	
	114 PhALAROPE BUSA,	18610		A Tawas assessed to the term
Principal occu	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)

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#### SCHEDULE A

The Instructi	on Guide explains how to complete this form.		1 Total pages Sche	edule A:
2 FILER NAM	MARK 6. Jones		3 ACCOUNT# (Eth	oics Commission filers)
Date	5 Full name of contributor out-of-state PAC (ID#:	18649		8 In-kind contribution description (if applicable)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See	instructions)	
Date Oq	Full name of contributor   out-of-state PAC (ID#	7 18619	Amount of contribution (\$)	In-kind contribution description (if applicable)  of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See I	nstructions)	rexas, complete schedule 1)
	6+ Unit Director	H-E-13	Grocery	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	100 Year LANE KYLE, TX	18640		of Texas, complete Schedule T)
Principal occu	Upation / Job title (See Instructions) Business Owner	Employer (See I		,
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/1/09	115 CEDAR DR BUSA, TX	18610	100	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See I	nstructions)	
Date   2   1   09	Full name of contributor out-of-state PAC (ID#	18619	Amount of contribution (\$)	In-kind contribution description (if applicable) f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	

#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Austin, Texas 78711-2070 (512) 463-5800 P.O. Box 12070 Texas Ethics Commission POLITICAL CONTRIBUTIONS SCHEDULE A

OTHER	THAN PLEDGES OR LOANS			
The Instructi	on Guide explains how to complete this form.	1 Total pa	ges Schedule A:	6
2 FILER NAM	MARK 6. Jones	3 ACCOL	INT # (Ethics Com	mission filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:	7 Amour contribution	on (\$)   des	In-kind contribution cription (if applicable)
	125 Stateline, LOVE, TR	8470 (If travel	outside of Texa	s, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)  Vetive J	Employer (See Instructions	)	
Date	Full name of contributor out-of-state PAC (IDN:	Amour		In-kind contribution scription (if applicable)
12/4/29	Everett, The or LAKARE MARTIN Contributor address; City; State; Zip Code 311 WILDCAF HOLLOW, CYLER	18640 120	1	s, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	mployer (See Instructions		s, complete Schedule 1)
12/28/9	Full name of contributor out-of-state PAC (ID#:	Amour contribution	on (\$)   des	In-kind contribution scription (if applicable)
	860 Southern Dr., BUDA, TR	18610	1	s, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	)	
Date	Full name of contributor   out-of-state PAC (ID#:	Amour		In-kind contribution scription (if applicable)
12/15/09	Contributor address; City; State; Zip Code		1 1	2500
	PO BOX 147 KYLE & 780	999 (If travel		s, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions AMSIN COMM WI		N
Date 1.121 9	Full name of contributor out-of-state PAC (ID#:	Amour contributi	on (\$)   des	British (if applicable)
1,	331 Wolocat Hollow KTLER	78640	1	s, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	)	

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SCHEDULE A

(512) 463-5800

The Instruction	on Guide explains how to complete this form.		1 Total pages Sche	dule A: (
2 FILER NAM	E MARK 6. Jones		3 ACCOUNT # (Eth	ics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#	<b>♦</b> E	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date (2/31/09	Full name of contributor Out-of-state PAC (ID#	20140	Amount of contribution (\$)	In-kind contribution description (if applicable)
	100 TEAL LANG KYLE, TR	1007	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)  Bugiklss OWNER	Employer (See	Instructions)	
131/29	Full name of contributor out-of-state PAC (ID#	 	Amount of contribution (\$)	In-kind contribution description (if applicable)
	204 PINFAIL ST, KYLE, D	28640	(If travel outside	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date 8/23/09	Full name of contributor out-of-state PAC (ID#:	18640	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	upation / Job title (See Instructions)	Employer (See		
Date	Full name of contributor out-of-state PAC (ID#:  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
			(If travel outside	of Texas, complete Schedule T)
Principal occi	Lupation / Job title (See Instructions)	Employer (See		

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LOANS				SCHEDULE E
The Instruction	Guide explains how to complete	this form.	1 Total pages Sch	edule E:
FILER NAME	RK 6-Jones		3 ACCOUNT# (E	thics Commission filers)
тота	L OF UNITEMIZED LOANS:	; 4 4 4 4	<b>\$</b>	\$
Date of loan	7 Name of lender  MARIC 6. TONE	out-of-state PAC (ID#:	)	9 Loan Amount (\$) 1263 =
Is lender a financial Institution?	8 Lender address; City; Sta	ate; Zip Code	10	10 Interest rate
Y (N)	100	1415 1X 1863		11 Maturity date
Principal occupation	n / Job title (See Instructions)	13 Employer (See	Instructions)	
Description of Collate	eral NA			
GUARANTOR INFORMATION	16 Name of guarantor MANIC 6- 50 NO			18 Amount Guaranteed (\$)
	16 Name of guarantor  MANK 6- 50 NO  17 Guarantor address; City; Sta  P 0 BOX 982	ate; Zip Code	7645	18 Amount Guaranteed (\$)
INFORMATION  not applicable	MANC 6- Jowa 17 Guarantor address; City; Sta	ate; Zip Code	<b>645</b>	
INFORMATION  not applicable	MANC 6- Jowa 17 Guarantor address; City; Sta	KYVE, R 78	7645 	
not applicable  Principal Occupation	MARIC 6- 50 NO.  17 Guarantor address; City; Sta POBOX 982	20 Employer	645 	1263. 43
not applicable  Principal Occupation  Date of loan  Is lender a	MANK 6- 50 mg 17 Guarantor address; City; Sta P 0 BOX 982  Name of lender	20 Employer	645 	1263. 43  Loan Amount (\$)
not applicable  Principal Occupation  Date of loan  Is lender a financial Institution?  Y N	MANK 6- 50 mg 17 Guarantor address; City; Sta P 0 BOX 982  Name of lender	20 Employer		Loan Amount (\$)
not applicable  Principal Occupation  Date of loan  Is lender a financial Institution?  Y N	MANC 6- 50 ~ 2  17 Guarantor address; City; Sta P 0 BJX 982  Name of lender  Lender address; City; Sta	20 Employer  out-of-state PAC (ID#:		Loan Amount (\$)
INFORMATION  not applicable  Principal Occupation  Date of loan  Is lender a financial Institution?  Y N  Principal occupation  Description of Collate	MANC 6- 50 ~ 2  17 Guarantor address; City; Sta P 0 BJX 982  Name of lender  Lender address; City; Sta	20 Employer  out-of-state PAC (ID#:		Loan Amount (\$)
INFORMATION  not applicable  Principal Occupation  Date of loan  Is lender a financial Institution?  Y N  Principal occupation  Description of Collate none  GUARANTOR	MANC 6- 50 ~ 6  17 Guarantor address; City; Sta P 0 Box 982  Name of lender  Lender address; City; Sta  17 Job title (See Instructions)  eral  Name of guarantor	20 Employer  out-of-state PAC (ID#:		Loan Amount (\$)  Interest rate  Maturity date

POLITIC	AL EXPENDITURES	SCHEDULE F
The Instructi	on Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME	MAMIC A. TANES	3 ACCOUNT # (Ethics Commission filers)
	5 Payee name  JEROD PAHERSON  6 Payee address; City; State; Zip Code  4508 Duury, #204 Ausfm, R	7 Amount (\$) 2109
required.)	conf Texas, complete Schedule T)	Complete if direct expenditure to benefit C/OH
Date	Payee name  Sam'S Lug  Payee address; City; State; Zip Code  Austin, R	Amount (\$) (08.96
required.)	ment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH ** ate / Officeholder name Office sought Office held
Date U/14/D9	Payee name  LHEB  Payee address; City; State; Zip Code  LYLE, TR. 18640	Amount (\$) 63.89
required.)	ment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH           Ate / Officeholder name
Date 12/3/29	Payee name HAYS County Republican Payee address; City; State; Zip Code  San Markos, TR	75000
required.) Filly F	yment (See instructions regarding type of information  Candid  Candid	Complete if direct expenditure to benefit C/OH ** late / Officeholder name Office sought Office held  S FORM AS NEEDED

POLITIC	AL EXPENDITURES		SCHEDULE F
The Instructi	on Guide explains how to complete this form.		1 Total pages Schedule F: 4
2 FILER NAME	MARK F. JONES		3 ACCOUNT # (Ethics Commission filers)
8 Purpose of payr	5 Payee name  JARD PAHLUSON  6 Payee address; City; State; Zip Code  USO & DUVALL # 204 Austin  ment (See instructions regarding type of information  CAL CONSULTINE		lirect expenditure to benefit C/OH ••
, , , , ,	e of Texas, complete Schedule T)		
10/2/09	Payee name  JALOD PA (HENSON  Payee address; City; State; Zip Code  4508 DUVALL TO TAUSTON	R 2872	Amount (\$)  50.9
required.)	ment (See instructions regarding type of information of Texas, complete Schedule T)	•• Complete if of Candidate / Officeholder	direct expenditure to benefit C/OH ** name Office sought Office held
Date   0   2 0   0 9	Payee name JAMAS PA HERSON  Payee address; City; State; Zip Code  4508 Durall, #724 Aust	w, R 78	Amount (\$)
required.)	ment (See instructions regarding type of information  TCAL CONJULTIVE  Ide of Texas, complete Schedule T)	•• Complete if Candidate / Officeholder	direct expenditure to benefit C/OH ** r name Office sought Office held
Date 11(5(99	Payee name  Postmas fcc  Payee address; City; State; Zip Code  CYLL, TA	28640	Amount (\$) 574
required.)	whent (See instructions regarding type of information  OS WE  e of Texas, complete Schedule T)  ATTACH ADDITIONAL COPIES	Candidate / Officeholde	

(512) 463-5800

## POLITICAL EXPENDITURES SCHEDULE F Total pages Schedule F The Instruction Guide explains how to complete this form. 2 FILER NAME ACCOUNT # (Ethics Commission filers) Amount (\$) City; State; Zip Code Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office sought Office held (If travel outside of Texas, complete Schedule T) Payee name JEROD PAHUSON Payee address; City; State; Zip Code 4508 Murall, #204 Ausna, TR 78727 Amount (\$) Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office sought Office held (If travel outside of Texas, complete Schedule T) Amount Teros Patterson (\$) Payee address; City; State; Zip Code 4508 DUVALIAZOY AUSTIN, 72 78727 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office sought Office held DRWING (If travel outside of Texas, complete Schedule T) Amount 4508 DWAY # 204 Austu, TR 78727 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · Candidate / Officeholder name Office held PRINTING (If travel outside of Texas, complete Schedule T) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLIT	ICAL EXPENDITURES		SCHEDULE F
The Instru	ction Guide explains how to complete this form.		1 Total pages Schedule F: 4
2 FILER NAM	MARK G. Jones		3 ACCOUNT # (Ethics Commission filers)
1 Date	5 Payee name Colfon Brubble Cons 6 Payee address; City; State; Zip Code 998 N Jefform Latrante	ultina 17 78945	7 Amount (\$)
required.)	Ne by te de of Texas, complete Schedule T)	9 •• Complete if dir Candidate / Officeholder n	ect expenditure to benefit C/OH •• ame Office sought Office held
Date	Payee name		Amount
	Payee address; City; State; Zip Code		(\$)
required.)	yment (See instructions regarding type of information le of Texas, complete Schedule T)	•• Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/OH •• ame Office sought Office held
Date	Payee name		Amount
	Payee address; City; State; Zip Code		(\$)
Purpose of pay required.)	/ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na	ct expenditure to benefit C/OH •• me Office sought Office held
(If travel outs	ide of Texas, complete Schedule T)		
Date	Payee name  Payee address; City; State; Zip Code		Amount (\$)
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if direc Candidate / Officeholder name	ct expenditure to benefit C/OH •• me Office sought Office held
(If travel outside	e of Texas, complete Schedule T)		
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED

PLED	GED CONTRIBUTIONS			SCHEDULE E
The Instru	uction Guide explains how to complete this form	m.	1 Total pages this	Schedule B:
FILER NA	WE NA		3 ACCOUNT#(E	thics Commission filers)
ТО	TAL OF UNITEMIZED PLEDGES:	· + + +	\$ \$	\$
Date	6 Full name of pledgor out-of-state PAC (ID#:	ode	8 Amount of pledge (\$)	9 In-kind description (if applicable)
) Principal occ	supation / Job title (See Instructions)	11 Employer (See I		 of Texas, complete Schedule
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of	In-kind description
	Pledgor address; City; State; Zip Co	ode	pledge (\$)	(if applicable)
Principal occu	upation / Job title (See Instruc-			of Texas, complete Schedule
tions)	upation / Job title (See Instruc-	Employer (See II	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:  Pledgor address; City; State; Zip Co		Amount of pledge (\$)	In-kind description (if applicable)
			(If travel outside o	 of Texas, complete Schedule 1
Principal occu	upation / Job title (See Instructions)	Employer (See In		
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Coo	de		(п аррисавіе)
Principal occup	pation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T
lf c	ATTACH ADDITIONAL COPIE contributor is out-of-state PAC, please see inst	ES OF THIS FORM AS	NEEDED	requirements

## **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

The Instru	ction Guide explains how to complete this form.	1 Total pages Sci	hedule G:
FILER NAM	MARK G. JUNES	3 ACCOUNT#(	Ethics Commission filers)
Date	MARK U. J.W.S.  5 Payee name  NA  6 Payee address; City; State; Zip Code		8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information (If travel outside of Texas, complete Schedule T)	n required.)	Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information  (If travel outside of Texas, complete Schedule T)	required.)	Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information  (If travel outside of Texas, complete Schedule T)	required.)	Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information  (If travel outside of Texas, complete Schedule T)	required.)	Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information r	required.)	Reimbursement from political contributions intended

Texas Ethics	Commission P.O. Box 12070 Austin,	Texas 78711-2070	(512) 463-5	5800 1-800-325-8506
	ENT FROM POLITICAL CONT BUSINESS OF C/OH	FRIBUTIONS		SCHEDULE H
The Instru	ction Guide explains how to complete this form.		1 Total pages Sched	ule H:
2 FILER NAM	MARK 6-50N-95		3 ACCOUNT # (Ethic	es Commission filers)
4 Date	5 Business name  NA  6 Business address; City; State; Zip Code			7 Amount (\$)
required.)	le of Texas, complete Schedule T)	9 •• Complete Candidate / Officehol	if direct expenditure to der name Off	benefit C/OH •• fice sought Office held
Date	Business name  Business address; City; State; Zip Code			Amount (\$)
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Date	Business name			Amount (\$)

8 Business address; City; State; Zip Code Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office sought Office held (If travel outside of Texas, complete Schedule T) Date Business name Amount (\$) Business address; City; State; Zip Code Purpose of payment (See instructions regarding type of information required.) • Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held (If travel outside of Texas, complete Schedule T) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# **NON-POLITICAL EXPENDITURES** MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE !

The Instru	uction Guide explains how to complete this form.	1 Total pages Schedule I:		
FILER NAM	ME MARK G. Jones	3 ACCOUNT # (Ethics Commission filers)		
Date	5 Payee name  6 Payee address; City; State; Zip Code	8 Amour (\$)	nt	
	7 Purpose of expenditure (See instructions regarding type of infor	mation required.)		
Date	Payee name	Amoun (\$)	nt	
	Purpose of expenditure (See instructions regarding type of information)	mation required.)		
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Date	Purpose of expenditure (See instructions regarding type of information of the second o	Amount (\$)	t	
Date	Payee name	Amount (\$)	t	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)		

# **CREDITS** (optional)

### SCHEDULE K

The Instr	uction Guide explains how to complete this form.	1 Total pages Schedule K:
2 FILER NA	ME MANIC 6. JONES	3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payor name 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount (\$)
Date	Payor name Payor address; City; State; Zip Code  Reason for credit	Amount (\$)
Date	Payor name  Payor address; City; State; Zip Code  Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code  Reason for credit	Amount (\$)
Date	Payor name  Payor address; City; State; Zip Code  Reason for credit	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE

SCHEDULE T

The Instruction	Guide ex	plains how to com	plete this form.		1	Total pages Schedule	T:
FILER NAME FICER NAME	1 11 .	2 South			3	ACCOUNT # (Ethic	s Commission filers)
Name of Contributor /		THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	tion / Pledgor / Paye	e			
Contribution / Expendi	iture reporte	ed on:					
Sch	edule A	Schedule B	Schedule C	Sch	nedule D	Schedule F	Schedule G
Sch	edule H	Schedule N	СОН-ИС	СО	н-т	PAC-C	PAC-E
Dates of travel	7 Name	of person(s) travelir	ng				
	8 Depart	ture city or name of c	departure location				
	9 Destina	ation city or name of	destination location	1			
Means of transportation	on	11 Purpose of tra	avel (including name	of conferen	nce, semina	ar, or other event)	
Name of Contributor / C	Corporation	or Labor Organization	on / Pledgor / Payes				
2 - Aribadia - 15		4					
Contribution / Expenditu	ure reported ledule Α	Schedule B	Schedule C	. □ cot	nedule D	Schedule F	Cabadula C
			_	_			Schedule G
	nedule H	Schedule N	COH-UC		H-T	☐ PAC-C	L PAC-E
Dates of travel	Name of	person(s) traveling					
	Departur	e city or name of dep	parture location				
	Destination	on city or name of de	estination location				
Means of transportation		Purpose of trave	el (including name o	f conference	e, seminar,	or other event)	
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Means of transportation		Purpose of trave	el (including name o	f conference	e, seminar,	or other event)	

## **CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  Complete only if "Report Type" on page 1 is marked "Final Report"  1 C/OH NAME  2 ACCOUNT # (Enca Commission file 1 do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contribution or make any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / Officeholder  4 FILER WHO IS NOT AN OFFICEHOLDER  ***Complete A & B below only if you are not an officeholder. ***  A. CAMPAIGN FUNDS  Check only one:  I do not have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended contributions and that I may not retain unexpended contributions or unexpended political contributions and that I may not retain unexpended contributions or unexpended political contributions and that I may not retain unexpended contributions or unexpended political contributions and unexpended interest or income earned on political contributions or unexpended political contributions and that I may not retain unexpended contributions or unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.  B. ASSETS  Check only one:  I do not retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.  Signature of Candidate  OFFICEHOLDER  **Complete this sectio			
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