

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

20

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mark

G

Jones

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 982

KYLE, TX 78640

☐ Change of Address5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 517-2925

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

James

D

DWAYNE ANDERSON

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

201 Homestead Rd

KYLE TX

78640

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 799-4245

9 REPORT TYPE

☒

January 15

☐

30th day before election

☐

Runoff

☐15th day after campaign treasurer
appointment (officeholder only)☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

2 / 1 / 2009

THROUGH

Month

Day

Year

12 / 31 / 2009

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 2 / 2010

ELECTION TYPE

☒

Primary

☐

Runoff

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

HAYS County Commissioner, Pct. 2

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

N/A

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

MARK G. JONES

16 ACCOUNT # (Ethics Commission Filers)

17 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

N/A

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 863.60

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

\$ 9408.60

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 190.52

4. TOTAL POLITICAL EXPENDITURES

\$ 8704.88

CONTRIBUTION
BALANCE

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

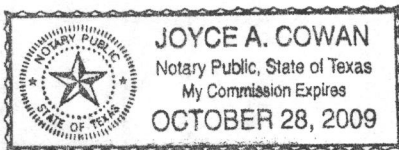
\$ 1967.15

OUTSTANDING
LOAN TOTALS

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

\$ 1263.43

19 AFFIDAVIT



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

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MARK JONES, this the 15 day of JAN., 2010, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Joyce A. Cowan
Printed name of officer administering oath

NOTARY
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

6

2 FILER NAME

MARK G. JONES

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/31/09

5 Full name of contributor

☐ out-of-state PAC (ID#)

Mr & Mrs Louis HANSON

6 Contributor address; City; State; Zip Code

6925 RR 3237 DRIFTWOOD, TX 78619

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

retired

10 Employer (See Instructions)

Date

9/18/09

Full name of contributor

☐ out-of-state PAC (ID#)

Don or Betty BROOKS

Contributor address; City; State; Zip Code

P.O. Box 147 KYLE, TX 78640

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Austin Community College

Date

9/24/09

Full name of contributor

☐ out-of-state PAC (ID#)

Bruce or Deborah LOCKART

Contributor address; City; State; Zip Code

68 BRIST MILL RD KYLE, TX 78640

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/29/09

Full name of contributor

☐ out-of-state PAC (ID#)

Chester DAVIS

Contributor address; City; State; Zip Code

12708 AZALEA CIR, BUDA, TX 78610

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Business owner

Employer (See Instructions)

Date

10/5/09

Full name of contributor

☐ out-of-state PAC (ID#)

MANUEL ZUNIGA

Contributor address; City; State; Zip Code

1726 GLENCLIFF AUSTIN, TX 78704

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **6**

2 FILER NAME

MARK G. JONES

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/2/09

5 Full name of contributor ☐ out-of-state PAC (ID#:

William C. Spillar

6 Contributor address; City; State; Zip Code

4702 TRAILS END SAN MARCOS, TX 78666

7 Amount of contribution (\$)

200⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/2/09

Full name of contributor ☐ out-of-state PAC (ID#:

FRED A ROTHART, JR.

Contributor address; City; State; Zip Code

6089 McNAUGHTON KYLE, TX 78646

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

11/2/09

Full name of contributor ☐ out-of-state PAC (ID#:

PAT SHOEMAKER

Contributor address; City; State; Zip Code

721 FAIRCREST BUDA, TX 78610

Amount of contribution (\$)

200⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

11/9/09

Full name of contributor ☐ out-of-state PAC (ID#:

TERRY LON ECKHART MAZUREK

Contributor address; City; State; Zip Code

101 PHALADROPE DR, BUDA, TX 78610

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/16/09

Full name of contributor ☐ out-of-state PAC (ID#:

SANDRA M. IN TAOO HENRY

Contributor address; City; State; Zip Code

115 INDIAN HILLS PT, KYLE, TX 78640

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **6**

2 FILER NAME

MARK G. JONES

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/16/09

5 Full name of contributor

SUSAN SISES

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

PO Box 47 KYLE, TX 78640

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Teacher

10 Employer (See Instructions)

KYLE CISD

Date

11/16/09

Full name of contributor

WANDA GRAHAM

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

300 CRYSTAL MEADOW DR, KYLE, TX 78640

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

11/16/09

Full name of contributor

William M. Johnson

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

605 W 2nd ST, KYLE, TX 78640

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/16/09

Full name of contributor

DAN OR BETTY BROOKS

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

PO Box 147 KYLE, TX 78640

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Austin Community College

Date

11/16/09

Full name of contributor

John or Carol Chubbess

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

114 Phalarope Blvd, TX 78610

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **6**

2 FILER NAME

MARK G. JONES

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/16/09

5 Full name of contributor

☐ out-of-state PAC (ID#)

HOLLY B. OR JEFFREY RAYMOND

6 Contributor address; City; State; Zip Code

1103 KIRBY KYLE, TX 78649

7 Amount of contribution (\$)

100⁰⁰

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/16/09

Full name of contributor

☐ out-of-state PAC (ID#)

WAYNE OR SAM SMITH

Contributor address; City; State; Zip Code

538 YORRES CROSSING AFTON, TX 78619

Amount of contribution (\$)

75⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Unit Director

Employer (See Instructions)

H-E-B Grocery

Date

11/25/09

Full name of contributor

☐ out-of-state PAC (ID#)

STEVEN A RANKINE

Contributor address; City; State; Zip Code

100 TEAL LAKE KYLE, TX 78640

Amount of contribution (\$)

1000⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Date

12/1/09

Full name of contributor

☐ out-of-state PAC (ID#)

CHUCK OR LOIS PACE

Contributor address; City; State; Zip Code

115 CEDAR DR BUDA, TX 78610

Amount of contribution (\$)

100⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/1/09

Full name of contributor

☐ out-of-state PAC (ID#)

DARREL OR STEPHANIE JAMAIL

Contributor address; City; State; Zip Code

203 LIVE OAK DR, MOUNTAIN CITY, TX 78610

Amount of contribution (\$)

100⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 6

2 FILER NAME

MARK G. JONES

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/14/09

5 Full name of contributor

☐ out-of-state PAC (ID#)

Ernest Kimbro

6 Contributor address; City; State; Zip Code

125 Stage Line, Kyle, TX 78640

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

retired

10 Employer (See Instructions)

Date

12/14/09

Full name of contributor

☐ out-of-state PAC (ID#)

Everett L. Jr or Laverne Martin

Contributor address; City; State; Zip Code

311 Wilcat Hollow, Kyle, TX 78640

Amount of contribution (\$)

120.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/28/09

Full name of contributor

☐ out-of-state PAC (ID#)

Richards & Pam Garrett

Contributor address; City; State; Zip Code

860 Southern Dr., Buda, TX 78610

Amount of contribution (\$)

125.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/15/09

Full name of contributor

☐ out-of-state PAC (ID#)

Don Brooks

Contributor address; City; State; Zip Code

PO Box 147 Kyle, TX 78640

Amount of contribution (\$)

125.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Austin Community College

Date

11/21/09

Full name of contributor

☐ out-of-state PAC (ID#)

William J or Carol Cerrle

Contributor address; City; State; Zip Code

331 Wilcat Hollow Kyle, TX 78640

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 6

2 FILER NAME

MARK G. JONES

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/21/09

5 Full name of contributor

☐ out-of-state PAC (ID#)

LAMONT DR SANDRA RAMAGE

6 Contributor address; City; State; Zip Code

12631 REOBUS TRAIL

7 Amount of contribution (\$)

100⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Date

12/1/09

Full name of contributor

☐ out-of-state PAC (ID#)

STEVEN A RANKINE

Contributor address; City; State; Zip Code

100 TEAL LAKE KYLE, TX 78640

Amount of contribution (\$)

1000⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Business owner

Employer (See Instructions)

Date

12/31/09

Full name of contributor

☐ out-of-state PAC (ID#)

BILLY & JUDY LANCASTER

Contributor address; City; State; Zip Code

204 PINTAIL ST, KYLE, TX 78640

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

8/23/09

Full name of contributor

☐ out-of-state PAC (ID#)

Tom & Joan Seary

Contributor address; City; State; Zip Code

PO 939 KYLE, TX 78640

Amount of contribution (\$)

1,000⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

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 occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

MARK B. JONES

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

12/22/09

7 Name of lender

MARK B. JONES

☐ out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

1263⁰⁰

6 Is lender a financial Institution?

Y

(N)

8 Lender address; City; State; Zip Code

PO Box 982 KYLE, TX 78640

10 Interest rate

-0-

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

N/A

15 GUARANTOR INFORMATION

☐ not applicable

16 Name of guarantor

MARK B. JONES

18 Amount Guaranteed (\$)

1263.43

17 Guarantor address; City; State; Zip Code

PO Box 982 KYLE, TX 78640

19 Principal Occupation

20 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial Institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4

2 FILER NAME *MARC B. JONES*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

12/2/09

JEROD PATTERSON

6 Payee address; City; State; Zip Code

4508 Duval, #204 Austin, TX 78727

2109⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

Campaign Signs

(If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/13/09

Sam's Club

Payee address; City; State; Zip Code

AUSTIN, TX

108.96

Purpose of payment (See instructions regarding type of information required.)

FUNDRAISER FOOD

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/14/09

HEB

Payee address; City; State; Zip Code

KYLE, TX 78640

63.89

Purpose of payment (See instructions regarding type of information required.)

FUNDRAISER Supplies

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

12/3/09

HAYS County Republican Party

Payee address; City; State; Zip Code

SAN MARCOS, TX 78666

750⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Filing fee for Republican Ballot

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4

2 FILER NAME

MARK F. JONES

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

8/26/09

JASON PATTERSON

6 Payee address; City; State; Zip Code

4508 Duvall, #204 Austin, TX 78727

750.00

8 Purpose of payment (See instructions regarding type of information required.)

Political Consulting

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10/2/09

JASON PATTERSON

Payee address; City; State; Zip Code

4508 Duvall, #204 Austin, TX 78727

500.00

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10/20/09

JASON PATTERSON

Payee address; City; State; Zip Code

4508 Duvall, #204 Austin, TX 78727

1000.00

Purpose of payment (See instructions regarding type of information required.)

Political Consulting

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/5/09

Postmaster

Payee address; City; State; Zip Code

KYLE, TX 78640

56.00

Purpose of payment (See instructions regarding type of information required.)

POSTAGE

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **4**

2 FILER NAME **MARK G. JONES**

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

11/6/09

Postmaster

6 Payee address; City; State; Zip Code

KYLE, TX 78640

\$6.04

8 Purpose of payment (See instructions regarding type of information required.)

POSTAGE

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

8/26/09

JEROD PATTERSON

Payee address; City; State; Zip Code

4508 Duvall, #204 Austin, TX 78727

64.46

Purpose of payment (See instructions regarding type of information required.)

PRINTING

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

10/2/09

JEROD PATTERSON

Payee address; City; State; Zip Code

4508 Duvall, #204 Austin, TX 78727

1543.12

Purpose of payment (See instructions regarding type of information required.)

PRINTING

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

11/9/09

JEROD PATTERSON

Payee address; City; State; Zip Code

4508 Duvall, #204 Austin, TX 78727

393.03

Purpose of payment (See instructions regarding type of information required.)

PRINTING

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **4**

2 FILER NAME **MARK C. JONES**

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

12/30/09

Colton Brubaker Consulting

6 Payee address; City; State; Zip Code

998 N Jefferson LAGRANGE, TX 78945

920⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

Website

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee 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)

Date

Payee name

Amount (\$)

Payee 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)

Date

Payee name

Amount (\$)

Payee 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

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule B:

2 FILER NAME

N/A

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

MARK B. JONES

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

N/A

8 Amount (\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

MARK G. JONES

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

N/A

7 Amount
(\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 ** 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)

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)

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 I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

MARK G. JONES

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

N/A

6 Payee address; City; State; Zip Code

8 Amount (\$)

7 Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

Mark G. Jones

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payor name

N/A

8

Amount
(\$)

6 Payor address; City; State; Zip Code

7 Reason for credit

Date

Payor name

Payor address; City; State; Zip Code

Amount
(\$)

Reason for credit

Date

Payor name

Payor address; City; State; Zip Code

Amount
(\$)

Reason for credit

Date

Payor name

Payor address; City; State; Zip Code

Amount
(\$)

Reason for credit

Date

Payor name

Payor address; City; State; Zip Code

Amount
(\$)

Reason for credit

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

111 111 000
Mark A. Davis

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

N/A

5 Contribution / Expenditure reported on:

- ☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- ☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- ☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions 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 have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of 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 do 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 or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder