

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 875.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,879.84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 22,385.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —

18 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.



Mark Jones

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mark Jones, this the 14th day of January, 2019, to certify which, witness my hand and seal of office.

Sylvia Gonzales Sylvia Gonzales Notary

Signature of Officer administering oath Printed name of officer administering oath Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Mark G. Jones</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/29/18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Judy Cannon</i>	7 Amount of contribution (\$) <i>50.00</i>
6 Contributor address; City; State; Zip Code <i>Munich, Tx. 78624</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/30/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ron Aguilie</i>	Amount of contribution (\$) <i>75.00</i>
Contributor address; City; State; Zip Code <i>Buda, Tx. 78610</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/1/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vicki Cox</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>8940 FM 150 Driftwood, Tx. 78619</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12/7/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marcus Whitfield</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>1101 S. Capital of Texas Hwy, Austin, Tx. 78746</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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.

1 Total pages Schedule F1: <u>1</u>		2 FILER NAME <u>Mark G. Jones</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>10/28/18</u>		5 Payee name <u>Patterson & Company</u>			
6 Amount (\$) <u>10,886.97</u>		7 Payee address; City; State; Zip Code <u>166 Hargraves Dr, C-400, Box 423, Austin, TX. 78737</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Consulting, Postage, Materials</u>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <u>11/5/18</u>		Payee name <u>Home Depot</u>			
Amount (\$) <u>12.97</u>		Payee address; City; State; Zip Code <u>Kyle, TX 78640</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Materials</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <u>11/8/18</u>		Payee name <u>Quick books</u>			
Amount (\$) <u>14.95</u>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Accounting</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>2</i>	2 FILER NAME <i>Mark G. June J</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12/10/18</i>	5 Payee name <i>Quickbooks</i>
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6 Amount (\$) <i>14.95</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Accounting</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/13/18</i>	Payee name <i>Brown Surtz</i>
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Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>San Marcos, Tx. 78666</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/15/18</i>	Payee name <i>Hays Education Foundation</i>
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Amount (\$) <i>2,850.00</i>	Payee address; City; State; Zip Code <i>Budq, Tx. 78610</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



Hays County Republican Party

TO: Mark Jones Campaign

FROM: Russell Hayter, Chairman

DATE: January 9, 2019

RE: Notice of "direct campaign expenditures" made by Hays County Republican Party

Per Sec 254.161, Election Code, this is notice that Hays County Republican Party has made "direct campaign expenditures" (i.e. independent expenditure) for your campaign during the period of October 28, 2018 through November 6, 2018, specifically related to the General Election.

This email is not notification of an "in-kind contribution." If we have made an "in-kind contribution" to benefit your campaign, we will notify you in a separate email.

On your TEC report you can report the fact that you received notice of our independent expenditures.

Under the "Notice From PACs" section on the Candidate/Officeholder Campaign Finance Report, you should enter the following information:

Committee Type: General
Committee Name: Hays County Republican Party
Address: 900 Bugg Lane , Suite 111B
City: San Marcos
State: Texas
Zip: 78666

Treasurer Name & Address:

Last Name: Paul
First Name: Mary Pat
Address: 310 Springwood Rd.
City: Dripping Springs
State: Texas
Zip: 78620

Our political advertising included:

- Digital advertising reaching thousands of online viewers in Hays County, Texas.
- GOTV card advertising Hays County, Texas
- Hays County GOP – Our Home advertising

If you need more information, please contact me at Russell.hayter@gmail.com or 512.757.5800

**Federal election independent expenditure paid for by Hays County Republican Party, and not authorized by any candidate or candidate's committee. State and local political advertisement paid for by the Hays County Republican Party.
www.hayscountygop.com 512.396.8511*