

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Mr. Mark G  
NICKNAME LAST SUFFIX  
Jones

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
PO Box 982 Kyle TX 78640

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 512) 517 2925

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Ms. Jennifer  
NICKNAME LAST SUFFIX  
Storm

## OFFICE USE ONLY

Date Received

RECEIVED

JAN 14 2022

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
1491 Coldwater Hollow Buda TX 78610

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 361) 549-4339

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 Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
07/01/2021 THROUGH 12/31/2021

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year ☐ Primary ☐ Runoff ☐ Other Description  
07/01/2021 ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)  
County Commissioner Pct. 2

13 OFFICE SOUGHT (if known)  
County Judge

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <b>Mark Jones</b>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <b>29,150</b>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <b>29,150</b>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <b>6050.00</b>
	4. TOTAL POLITICAL EXPENDITURES	\$ <b>6050.00</b>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <b>36,068.76</b>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <b>0</b>

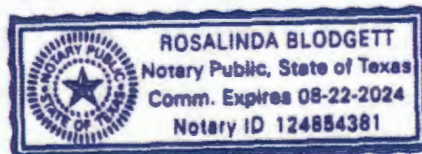
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Mark Jones*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Mark Jones this the 14 day of January.

20 22 to certify which, witness my hand and seal of office.

*Rosalinda Blodgett*

Rosalinda Blodgett

Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)



**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME****Mark Jones****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 29150
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 6050
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6050
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Mark Jones</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/9/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Amy &amp; John Doucet</b> <hr/> 6 Contributor address; City; State; Zip Code <b>2300 Gatlin Creek Rd Dripping Springs, TX 78620</b>	7 Amount of contribution (\$) <b>\$1000</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>11/9/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>J. Michael Heath</b> <hr/> Contributor address; City; State; Zip Code <b>11701 Stonehollow Dr. Suite 100 Austin, TX 78758</b>	Amount of contribution (\$) <b>\$1500</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>ATG Alliance Transportation Group</b>
Date <b>11/4/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mary Barton</b> <hr/> Contributor address; City; State; Zip Code <b>6330 W Loop S Suite 150 Bellarie, TX 77401</b>	Amount of contribution (\$) <b>\$1000</b>
Principal occupation / Job title (See Instructions) <b>Engineer</b>		Employer (See Instructions) <b>Jones I Carter</b>
Date <b>11/8/21</b>	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <b>C00386029</b> ) <b>HNTB Holdings Ltd. PAC</b> <hr/> Contributor address; City; State; Zip Code <b>715 Kirk Dr. Kansas City, MO</b>	Amount of contribution (\$) <b>\$1700</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1.
2 FILER NAME <b>Mark Jones</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/12/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Huitt-Zollars Inc Texas PAC</b> 6 Contributor address; City; State; Zip Code <b>5430 LBJ Freeway Suite 1500 Dallas, TX 78240</b>	7 Amount of contribution (\$) <b>\$ 1000</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>9/18/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Kendall Garrison</b> Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$ 500</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/9/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Christopher Solomon</b> Contributor address; City; State; Zip Code <b>500 Spring Arbor Lane Cedar Park, TX 78613</b>	Amount of contribution (\$) <b>\$ 500</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>SAM Companies</b>
Date <b>11/10/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>William Conley</b> Contributor address; City; State; Zip Code <b>701 Mountain Crest Dr. Wimberley TX 78676</b>	Amount of contribution (\$) <b>\$300</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Mark Jones</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/10/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Marcus Naiser</b> 6 Contributor address; City; State; Zip Code <b>2702 Garlic Creek Dr. Buda TX 78610</b>	7 Amount of contribution (\$) <b>\$250</b>
8 Principal occupation / Job title (See Instructions) <b>Engineer</b>		9 Employer (See Instructions) <b>LNV</b>
Date <b>11/10/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Catherine &amp; Pix Howell</b> Contributor address; City; State; Zip Code <b>PO Box 663 Wimberley TX 78676</b>	Amount of contribution (\$) <b>\$200</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/10/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>M. Scott Roberts</b> Contributor address; City; State; Zip Code <b>PO Box 311 Driftwood, TX 78619</b>	Amount of contribution (\$) <b>\$3000</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/8/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Cobb Fendley PAC</b> Contributor address; City; State; Zip Code <b>13430 Northwest Freeway #1100 Houston, TX 77040</b>	Amount of contribution (\$) <b>\$2000</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <div style="text-align: center; font-size: 1.2em; color: red;">Mark Jones</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="text-align: center; font-size: 1.2em; color: red;">11/5/21</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em; color: red;">Youssef Laham</div> <hr style="border-top: 1px dotted black;"/> <div style="text-align: center; font-size: 1.2em; color: red;">6 Contributor address;                      City;                      State;                      Zip Code 23230 Sumners Creek Ct Katy, TX 77494</div>	7 Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em; color: red;">\$500</div>
8 Principal occupation / Job title (See instructions) <div style="text-align: center; font-size: 1.2em; color: red;">Engineer</div>		9 Employer (See instructions) <div style="text-align: center; font-size: 1.2em; color: red;">Binkley &amp; Barfield</div>
Date <div style="text-align: center; font-size: 1.2em; color: red;">11/8/21</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em; color: red;">Halff Associates State PAC</div> <hr style="border-top: 1px dotted black;"/> <div style="text-align: center; font-size: 1.2em; color: red;">Contributor address;                      City;                      State;                      Zip Code 1201 N. Bowser Road Richardson, TX 75081</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em; color: red;">\$500</div>
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <div style="text-align: center; font-size: 1.2em; color: red;">11/10/21</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em; color: red;">Oliver Salgado</div> <hr style="border-top: 1px dotted black;"/> <div style="text-align: center; font-size: 1.2em; color: red;">Contributor address;                      City;                      State;                      Zip Code 3011 Lakes of Katy Katy, TX 77493</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em; color: red;">\$1500</div>
Principal occupation / Job title (See instructions) <div style="text-align: center; font-size: 1.2em; color: red;">Engineer</div>		Employer (See instructions) <div style="text-align: center; font-size: 1.2em; color: red;">B2Z Engineering</div>
Date <div style="text-align: center; font-size: 1.2em; color: red;">11/10/21</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em; color: red;">Braun &amp; Gresham PLLC</div> <hr style="border-top: 1px dotted black;"/> <div style="text-align: center; font-size: 1.2em; color: red;">Contributor address;                      City;                      State;                      Zip Code po box 1148 Dripping Springs TX 78620</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em; color: red;">\$250</div>
Principal occupation / Job title (See instructions)		Employer (See instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Mark Jones</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/9/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Allen Crozier</b> 6 Contributor address; City; State; Zip Code <b>1450 Rich Lane Buda TX 78610</b>	7 Amount of contribution (\$) <b>\$100</b>
8 Principal occupation / Job title (See Instructions) <b>Engineer</b>		9 Employer (See Instructions) <b>HDR</b>
Date <b>11/8/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Pape Dawson Engineers PAC</b> Contributor address; City; State; Zip Code <b>2000 NW Loop 410 San Antonio, TX 78213</b>	Amount of contribution (\$) <b>\$1000</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/9/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>James Kennedy</b> Contributor address; City; State; Zip Code <b>801 West 5th #2001 Austin TX 78703</b>	Amount of contribution (\$) <b>\$2500</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>wsb</b>
Date <b>11/12/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Consor Engineers PAC/(AIA Engineers PAC)</b> Contributor address; City; State; Zip Code <b>15310 Park Row Houston, TX 77084</b>	Amount of contribution (\$) <b>\$1000</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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

The instruction guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Mark Jones</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/9/21</b>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Wesley Jasek</b></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">6 Contributor address; City; State; Zip Code <b>1805 E Messick Loop Round Rock, TX</b></div>	7 Amount of contribution (\$)  <b>\$250</b>
8 Principal occupation / Job title (See Instructions) <b>Engineer</b>		9 Employer (See Instructions) <b>BGE</b>
Date <b>11/8/21</b>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Rob Harris</b></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Contributor address; City; State; Zip Code <b>308 Cimarron Hills Trail E Georgetown, TX 78628</b></div>	Amount of contribution (\$)  <b>\$250</b>
Principal occupation / Job title (See Instructions) <b>Engineer</b>		Employer (See Instructions) <b>BGE</b>
Date <b>11/10/21</b>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Brian Williams</b></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Contributor address; City; State; Zip Code <b>121 Gabriels Loop Georgetown, TX 78628</b></div>	Amount of contribution (\$)  <b>\$250</b>
Principal occupation / Job title (See Instructions) <b>Engineer</b>		Employer (See Instructions) <b>BGE</b>
Date <b>11/9/21</b>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jonathan Nobles</b></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Contributor address; City; State; Zip Code <b>143 Mercury CV Leander TX 7864`</b></div>	Amount of contribution (\$)  <b>\$250</b>
Principal occupation / Job title (See Instructions) <b>Engineer</b>		Employer (See Instructions) <b>BGE</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Mark Jones</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/9/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Colby Harris</b> 6 Contributor address; City; State; Zip Code <b>9525 Stratus Dr Dripping TX 78620</b>	7 Amount of contribution (\$) <b>\$250</b>
8 Principal occupation / Job title (See Instructions) <b>Engineer</b>		9 Employer (See Instructions) <b>BGE</b>
Date <b>11/8/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Brian Rice</b> Contributor address; City; State; Zip Code <b>2905 Brian Wood CT Cedar Park, TX 78613</b>	Amount of contribution (\$) <b>\$250</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>BGE</b>
Date <b>11/10/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Mark Mosier</b> Contributor address; City; State; Zip Code <b>8216 Fern Bluff Ave Round Rock, TX 78681</b>	Amount of contribution (\$) <b>\$250</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/10/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Seth Mearig</b> Contributor address; City; State; Zip Code <b>1701 Directors Blvd #1000 Austin, TX 78744</b>	Amount of contribution (\$) <b>\$250</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>BGE</b>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:**2** FILER NAME

Mark Jones

**3** Filer ID (Ethics Commission Filers)**4** Date

11/9/21

**5** Full name of contributor

Roman Grijalva

☐ out-of-state PAC (ID# \_\_\_\_\_)**6** Contributor address;

City;

State;

Zip Code

303 Mirafiel Ln Austin, TX 78737

**7** Amount of contribution (\$)

\$250

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

11/10/21

Full name of contributor

Erin Gonzales

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

1386 Merlot New Braunfels, TX 78132

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

BGE

Date

11/9/21

Full name of contributor

CP&amp;Y Inc PAC

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

1820 Regal Way Dallas, TX 75235

Amount of contribution (\$)

\$2500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/5/21

Full name of contributor

Raba Kitsner PAC

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

PO 690287 San Antonio, TX 78269

Amount of contribution (\$)

\$1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME  Mark Jones		3 Filer ID (Ethics Commission Filers)
4 Date  11/10/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RPS Infrastructure Inc PAC 6 Contributor address; City; State; Zip Code 1160 Dairy Ashford Suite 500 Houston, TX 77079	7 Amount of contribution (\$)  \$1000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date  12/16/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trey Powers Contributor address; City; State; Zip Code 6000 Settlers Trailers Dripping TX 78620	Amount of contribution (\$)  \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  11/16/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ardurra Group PAC Contributor address; City; State; Zip Code 5851 San Felipe St. #425 Houston, TX 77057	Amount of contribution (\$)  \$1250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  11/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DVA Holding Company PAC Contributor address; City; State; Zip Code	Amount of contribution (\$)  \$500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		



**LOANS****SCHEDULE E**

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

The instruction Guide explains how to complete this form.				1 Total pages Schedule E:	
2 FILER NAME <div style="text-align: center;">Mark Jones</div>				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS				\$ 6,050.00	
5 Date of loan		7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ ) <div style="text-align: center;">Mark Jones (self)</div>		9 Loan Amount (\$)	
6 Is lender a financial institution?  Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		8 Lender address; City; State; Zip Code		10 Interest rate	
				11 Maturity date	
12 Principal occupation / Job title (See instructions) <div style="text-align: center;">County Commissioner</div>			13 Employer (See instructions) <div style="text-align: center;">Hays County</div>		
14 Description of Collateral <input type="checkbox"/> none			15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See instructions)		
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable		17 Name of guarantor		19 Amount Guaranteed (\$)	
		18 Guarantor address; City; State; Zip Code			
20 Principal Occupation (See instructions)			21 Employer (See instructions)		
Date of loan		Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )		Loan Amount (\$)	
Is lender a financial institution?  Y <input type="checkbox"/> N <input type="checkbox"/>		Lender address; City; State; Zip Code		Interest rate	
				Maturity date	
Principal occupation / Job title (See instructions)			Employer (See instructions)		
Description of Collateral <input type="checkbox"/> none			<input type="checkbox"/> Check if personal funds were deposited into political account (See instructions)		
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable		Name of guarantor		Amount Guaranteed (\$)	
		Guarantor address; City; State; Zip Code			
Principal Occupation (See instructions)			Employer (See instructions)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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:		2 FILER NAME Mark Jones		3 Filer ID (Ethics Commission Filers)	
4 Date 8/30/21		5 Payee name Buda Vo Ag			
6 Amount (\$) 600.00		7 Payee address; City; State; Zip Code 3817 Jack C Hays Trail #3579, Buda, TX 78610			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Exp.		(b) Description Buckle sponsor		
	(c) <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 Office held					
Date 8/30/21		Payee name Buda Vo Ag			
Amount (\$) 1500.00		Payee address; City; State; Zip Code 3817 Jack C Hays Trail #3579, Buda, TX 78610			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Donation		
	<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 Office held					
Date 4/15/21		Payee name Johnson High School Golf			
Amount (\$) 200.00		Payee address; City; State; Zip Code 4260 FM 967, Buda, TX 78610			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising exp.		Description sponsor		
	<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 Office held					

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
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:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 05/10/21		5 Payee name Hays County Republican Party			
6 Amount (\$) 2500.00		7 Payee address; City; State; Zip Code 6000 FM150 W, Kyle, TX 78640			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Exp.		(b) Description Dinner Sponsor		
	(c) <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					
Date 6/15/21		Payee name Hays Project Graduation			
Amount (\$) 500.00		Payee address; City; State; Zip Code P.O. Box 2581 Kyle, TX 78640			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other		Description Donation		
	<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					
Date 12/5/21		Payee name Hays Republican Party			
Amount (\$) 750.00		Payee address; City; State; Zip Code 6000 FM150 W, Kyle, TX 78640			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description Filing Fee		
	<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					

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