

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	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME	LAST	SUFFIX
		Jones	
Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
PO Box 982 Kyle, TX 78640			
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	
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	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year		Month Day Year
	01 / 01 / 22		06 / 30 / 22
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 / 08 / 22			
12 OFFICE	OFFICE HELD (if any)		
	County Commissioner		
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

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)

\$ 34,712.75

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

\$ 34,712.75

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 17,588.53

4. TOTAL POLITICAL EXPENDITURES

\$ 17,588.53

CONTRIBUTION
BALANCE

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

\$ 46,455.01

OUTSTANDING
LOAN TOTALS

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

\$ 6050.00

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 15th day of July,
2022, to certify which, witness my hand and seal of office.

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)

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 1/4/22	5 Full name of contributor out-of-state PAC (ID#: Pam Madeke 6 Contributor address; City; State; Zip Code 4207 Bennedict Lane Austin TX 78746	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/3/22	Full name of contributor out-of-state PAC (ID#: Willis R Conner Contributor address; City; State; Zip Code 3711 South Mopac Bldg 1 #350 Austin TX 78746	Amount of contribution (\$) 2500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/10/2022	Full name of contributor out-of-state PAC (ID#: Ryan Burkhardt Contributor address; City; State; Zip Code 5423 Hilton Head Dr. Dallas, TX 75287	Amount of contribution (\$) \$1000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/3/22	Full name of contributor out-of-state PAC (ID#: James R. Feagin Contributor address; City; State; Zip Code 5211 Scarborough Lane Dallas, TX 75287	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.		

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 1/5/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: C00103903) HDR Inc. Employee Owners PAC 6 Contributor address; City; State; Zip Code 1917 S. 67th Street Omaha, NE 68106	7 Amount of contribution (\$) 2500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/5/22	Full name of contributor out-of-state PAC (ID#:) Murfee Engineering Company Inc Contributor address; City; State; Zip Code 1101 captial of Texas Highway south building d Austin	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/2/22	Full name of contributor out-of-state PAC (ID#:) Brian Olson Contributor address; City; State; Zip Code 421 West San Antonio F6 San Marcos TX 78666	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/2/22	Full name of contributor out-of-state PAC (ID#:) Williams L. Gray III Contributor address; City; State; Zip Code 3305 Beverly Road Austin, TX 78703	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.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

5 Full name of contributor

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

\$9123.95

9 Employer (See Instructions)

Full name of contributor

Amount of contribution (\$)

Contributor address; City; State; Zip Code

5000

Employer (See Instructions)

Full name of contributor

Amount of contribution (\$)

Contributor address; City; State; Zip Code

500

Employer (See Instructions)

Full name of contributor

Amount of contribution (\$)

Contributor address; City; State; Zip Code

250

Employer (See Instructions)

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.

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2 FILER NAME Mark Jones		3 Filer ID (Ethics Commission Filers)
4 Date 3/13/22	5 Full name of contributor out-of-state PAC (ID#: LO Wilber 6 Contributor address; City; State; Zip Code 301 Willet Buda, TX 78610	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/24/2022	Full name of contributor out-of-state PAC (ID#: Thomas Royal Contributor address; City; State; Zip Code 211 Fairview Road San Marcos, TX 78666	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/1/22	Full name of contributor out-of-state PAC (ID#: Kay Pogue Contributor address; City; State; Zip Code 46652 S Hwy 118 Apline, TX 79830	Amount of contribution (\$) 550
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/20/2022	Full name of contributor out-of-state PAC (ID#: Quantum Unlimited Towing Contributor address; City; State; Zip Code 100 Rodriguez St. Buda, TX 78610	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.		

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 2/24/2022	5 Full name of contributor out-of-state PAC (ID#: Tommy Seargeant 6 Contributor address; City; State; Zip Code 19 Country Oaks Dr. Buda, TX 78610	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/23/2022	Full name of contributor out-of-state PAC (ID#: Robert McDonald Contributor address; City; State; Zip Code 9811 S IH 35 Bldg 3 Ste 100 Austin, TX 78744	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/25/2022	Full name of contributor out-of-state PAC (ID#: Henry or Janet Swofford Contributor address; City; State; Zip Code 12705 Azalez Circle Buda, TX 78610	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/12/2022	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
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 Mark Jones		3 Filer ID (Ethics Commission Filers)
4 Date 5/17/22	5 Full name of contributor out-of-state PAC (ID#: Beverly Shelton 6 Contributor address; City; State; Zip Code PO Box 486 Buda, TX 78610	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/18/22	Full name of contributor out-of-state PAC (ID#: Zach Ryan Contributor address; City; State; Zip Code 11301 Bellows Falls Ave Austin, TX 78748	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/23/2022	Full name of contributor out-of-state PAC (ID#: Charles Nash Contributor address; City; State; Zip Code po box 1007 San Marcos, TX 78667	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: LUMP SUM Contributor address; City; State; Zip Code of contributions under \$90 each	Amount of contribution (\$) \$940.50
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 Mark Jones		3 Filer ID (Ethics Commission Filers)
4 Date 3/4/22	5 Full name of contributor out-of-state PAC (ID#: Heather Wartenburg 6 Contributor address; City; State; Zip Code 419 Witte Road Kyle	7 Amount of contribution (\$) \$95.70
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/4/22	Full name of contributor out-of-state PAC (ID#: Erin Gonzales Contributor address; City; State; Zip Code 1386 Merlot New Braunfels	Amount of contribution (\$) 143.70
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/4/22	Full name of contributor out-of-state PAC (ID#: Christy Gardner Contributor address; City; State; Zip Code 141 Lacey Oak Loop San Marcos	Amount of contribution (\$) 143.70
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/4/22	Full name of contributor out-of-state PAC (ID#: Denise Hernandez Contributor address; City; State; Zip Code 201 Fresno Springs Buda 78610	Amount of contribution (\$) 143.70
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 Mark Jones		3 Filer ID (Ethics Commission Filers)
4 Date 6/28/2022	5 Full name of contributor out-of-state PAC (ID#: Amy Maulding 6 Contributor address; City; State; Zip Code 228 Gable Street Kyle 78640	7 Amount of contribution (\$) 143.70
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/4/22	Full name of contributor out-of-state PAC (ID#: Karlyn Ellis Contributor address; City; State; Zip Code 305 Railroad St, ste A Buda 78610	Amount of contribution (\$) \$143.70
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/16/2022	Full name of contributor out-of-state PAC (ID#: Susan McNeight Contributor address; City; State; Zip Code 371 Bayou Bend Buda TX 78610	Amount of contribution (\$) \$143.70
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/4/22	Full name of contributor out-of-state PAC (ID#: Cathy Severance Contributor address; City; State; Zip Code 581 Ruby Ranch Road Buda	Amount of contribution (\$) \$143.70
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.

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2 FILER NAME Mark Jones		3 Filer ID (Ethics Commission Filers)
4 Date 3/5/22	5 Full name of contributor out-of-state PAC (ID#: Eric Jasek 6 Contributor address; City; State; Zip Code 755 Middle Creek Drive Buda TX 78610	7 Amount of contribution (\$) \$143.70
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/4/22	Full name of contributor out-of-state PAC (ID#: Peggy Price Contributor address; City; State; Zip Code 950 Little Bear Road Buda TX 78610	Amount of contribution (\$) \$143.70
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/5/22	Full name of contributor out-of-state PAC (ID#: Linda Hall Contributor address; City; State; Zip Code 986 Clear Springs Hollow Buda TX 78610	Amount of contribution (\$) \$143.70
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7/22	Full name of contributor out-of-state PAC (ID#: Sally Moser Contributor address; City; State; Zip Code 1070 Sad Willow Pass Driftwood TX	Amount of contribution (\$) \$239.70
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 Mark Jones		3 Filer ID (Ethics Commission Filers)
4 Date 6/29/22	5 Full name of contributor out-of-state PAC (ID#: Ryan Shelton 6 Contributor address; City; State; Zip Code 16206 Remuda Trail Buda TX 78610	7 Amount of contribution (\$) \$239.70
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/29/2022	Full name of contributor out-of-state PAC (ID#: Bobby DOHERTY Contributor address; City; State; Zip Code 321 Packsaddle Pass Wimberley	Amount of contribution (\$) 239.70
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/4/2022	Full name of contributor out-of-state PAC (ID#: Brian Doyle Contributor address; City; State; Zip Code 502 Pine Siskin Drive Buda TX 78610	Amount of contribution (\$) 239.70
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/27/2022	Full name of contributor out-of-state PAC (ID#: John and Jill Lay Contributor address; City; State; Zip Code 5309 Tortuga Trail Austin TX	Amount of contribution (\$) \$239.70
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 Mark Jones		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/22	5 Full name of contributor out-of-state PAC (ID#: Terry Mitchell 6 Contributor address; City; State; Zip Code 3212 Bridle Path Austin	7 Amount of contribution (\$) \$479.70
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/8/2022	Full name of contributor out-of-state PAC (ID#: Bart Hopper Contributor address; City; State; Zip Code 1616 Cleveland Avenue Charlotte NC 28203	Amount of contribution (\$) \$1,439.70
Principal occupation / Job title (See Instructions) Real estate		Employer (See Instructions) Hopper Communities
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
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 F1**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Hays Co Commission

Revised 8/17/2020

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: 5		2 FILER NAME Mark Jones		3 Filer ID (Ethics Commission Filers)	
4 Date 4/21/22		5 Payee name Buda Lions Club			
6 Amount (\$) \$500		7 Payee address; City; State; Zip Code Mark Jones			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Event Sponsorship		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 4/29/22		Payee name Hays County Republican Party			
Amount (\$) \$3000		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation by OH		Description Event Sponsorship		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 5/9/22		Payee name Jennifer Storm			
Amount (\$) \$500		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement		Description Donation to Hays Teacher of the Year		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Mark Jones Hays County Judge Hays County Commissioner					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 5		2 FILER NAME Mark Jones		3 Filer ID (Ethics Commission Filers)	
4 Date 5/17/22		5 Payee name Kyle VFW			
6 Amount (\$) \$300		7 Payee address; City; State; Zip Code Mark Jones			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation from OH		(b) Description Hats off to Veterans Event		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 5/31/22		Payee name Helen's Casa Alde			
Amount (\$) \$265.21		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp.		Description Breakfast for Teachers		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 6/1/22		Payee name Wimberly4H Buyers Pool			
Amount (\$) \$500		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp.		Description Event Sponsor		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name Mark Jones		Office sought Hays County Judge	
				Office held Hays County Commissioner	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Revised 8/17/2020

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: 5		2 FILER NAME Mark Jones		3 Filer ID (Ethics Commission Filers)	
4 Date 3/1/22		5 Payee name Anedot			
6 Amount (\$) \$23.70		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Credit Card Processing		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 3/11/22		Payee name Color Mix			
Amount (\$) \$805.27		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing		Description Bumper Stickers		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 4/11/22		Payee name Eckstrom Benefit			
Amount (\$) \$1000		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donations made by OH		Description Sponsorship		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Mark Jones		Office sought Hays County Judge		Office held Hays County Commissioner	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 Filer ID (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