CANDIDATE	/ OFFICEHOLDER	
CAMPAIGN F	INANCE REPORT	

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics Comm	lesion Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr	FIRST Mark	N	H	OFFICE	USE ONLY
NAME	NICKNAME	LAST Jones		UFFIX	Date Received	eived
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX PO Box 982	Kyle, TX 78640	CITY; STATE; Z	IP CODE		152122 ns Office ₂ 3
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER	EXTENSION		Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MS	FIRST Jennifer	N	u	Receipt # Date Processed	Amount \$
NAME	NICKNAME	LAST Storm	S		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE): APT / S ater Hollow Buda T			STATE,	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 549-4339	EXTENSION			
9 REPORT TYPE	January 15	30th day before el		d Modified	Officeholde	
10 PERIOD COVERED	Month 01	Dey Year / 01 / 22	THROUGH	Month	Day Year 30 / 22	
11 ELECTION	ELECTION DA Month Day 11 / 08	Year Primary 22 General	Runoti	CTION TYPE Other Description		
12 OFFICE	OFFICE HELD (If any) County Com		13 OFFICE SOUC		ennes et sjølt mandet er et slåde st	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIGATE / OFFI	CE OF POLITICAL CONTRIBUTIONS CEHOLDER, THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQU	S MAY HAVE BEEN MADE WITH	OUT THE CANDIE	MTE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(3)	COMMITTEE TYPE					
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TRI				
		COTO	PAGE 2			
orms provided by Texas B	Thics Com		Reset P	200	1	Revised 8/17/2020

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer ID (E	thics Commission Filers)
17 CONTRIBUTION TOTALS		TICAL CONTRIBUTIONS (OTHER JARANTEES OF LOANS, OR LECTRONICALLY)	THAN \$	\$34,712.75
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, L	TRIBUTIONS LOANS, OR GUARANTEES OF LO	DANS) \$	\$34,712.75
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	TICAL EXPENDITURE,	\$	\$17,588.53
	4. TOTAL POLITICAL EXPE	ENDITURES	\$	\$17.588.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRI OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF TH	HE LAST DAY \$	\$46,455.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPOR	T OF ALL OUTSTANDING LOANS	AS OF THE \$	\$6050.00
(1) Affidavit NOTARY STAMP/SEA	before me by Mark Jo	- 	s the <u>154k</u> day	July.
2022 to certify	which, witness my hand and seal of office		netar	or ublic
Signature of officer administa	ing oath Printed name of	f officer administering oath	Title	od fficer administering oath
(2) Unsworn Declaratio	00	OR		
(-)				
		, and my date of b	pirth is	, <u>,</u> ,
My address is				
Executed in	(street) County, State of	(city) , on the day of	(state) (zip ci	· · · ·
			(month)	(year)
		Signature of	Candidate/Officeholde	er (Declarant)
orms provided by Texas Eth	Reset Form	s.sta Reset Pr	age	Revised 8/17/202

SCHEDULE A1

Th	e Instruction Guide expla	ins how to complete	this form.	1 Total pages Schedule A1:
2 FILER NAMI Mark Jone				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Pam Madeke			7 Amount of contribution (\$)
/4/22	6 Contributor address; 4207 Bennedict L		State; Zip Code 8746	\$500.00
Principal occ	upation / Job title (See Instr	uctions)	9 Employer (See Instruc	clions)
Date	Full name of contribut Willis R Conner		PAC (ID#:)	Amount of contribution (\$)
/3/22	Contributor address; 3711 South Mopa		State; Zip Code	2500
Principal occi	upation / Job title (See Instru	uctions)	Employer (See Instruc	l ctions)
Date	Full name of contribut Ryan Burkhardt	Or out-of-state	PAC (ID#:)	Amount of contribution (\$)
/10/2022	Contributor address; 5423 Hilton Head	City: Dr. Dallas, TX	State; Zip Code 75287	\$1000
Principal occ	upation / Job title (See Instru	uctions)	Employer (See Instruc	l ctions)
Date	Full name of contribut James R. Feagin	001-01-31510	PAC (IDII:)	Amount of contribution (\$)
1/3/22	Contributor address; 5211 Scarboroug	City;		1000
Principal occi	upation / Job title (See Instru		Employer (See Instruc	l ctions)
	ал			
			ES OF THIS SCHEDULE AS I	
orms provided by		Reset Form	s.sta Reset Page	

SCHEDULE A1

3	The Instruction Guide explains how to complete this for	m. 1 Total pa	ges Schedule A1:
2 FILER NA Mark Jon		3 Filer ID	(Ethics Commission Filers)
4 Date	5 Full name of contributor Sout-of-state PAC (ID# HDR Inc. Employee Owners PAC	7 Amount	of contribution (\$)
1/5/22	6 Contributor address; City; S 1917 S. 67th Street Omaha, NE 68106	tate; Zip Code	2500
8 Principal o	secupation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID# Murfee Engineering Company Inc	Amouni	of contribution (\$)
1/5/22		tate; Zip Code Iilding d Austin	\$500
Principal or	ccupation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#) Brian Olson	Amoun	t of contribution (\$)
2/2/22	Contributor address; City; S 421 West San Antonio F6 San Marcos	tate; Zip Code FX 78666	250
Principal of	ccupation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (IDM Williams L. Gray III) Amoun	t of contribution (\$)
2/2/22	******	itate; Zip Code	\$500
Principal of	ccupation / Job title (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COPIES OF T		
	If contributor is out-of-state PAC, please see Instruction	on guide for additional reporting req Reset Page	uirements. Revised 8/17/2

SCHEDULE A1

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Mark Jone		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of contribution (\$)
/17/2022	6 Contributor address; City; State; Zip Code 601 Clark Cove Buda, TX 78610	\$9123.95
Principal occ	supation / Job title (See Instructions) 9 Employer (See Instructions)	uctions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
/14/22	Contributor address; City; State; Zip Code PO Box 647 San Marcos, TX 78667	5000
Principal occu	upation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
/11/22	Contributor address; City; State; Zip Code PO BOx 147 Kyle, TX 78640	500
Principal occu	upation / Job title (See Instructions) Employer (See Instru	Luctions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
/13/2022	Contributor address; City; State; Zip Code confidental	250
Principal occu	upation / Job title (See Instructions) Employer (See Instru	Luctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additional	
rms provided by	Texas Ethics Comm Reset Form s.sta Reset Pag	Revised 8/17/2

SCHEDULE A1

The	e 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 Full name of contributor out-of-state PAC (IDII:	_) 7 Amount of contribution (\$)
3/13/22	6 Contributor address; City; State; Zip Code 301 Willet Buda, TX 78610	100
8 Principal occ	supation / Job title (See Instructions) 9 Employer (See Ins	itructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
2/24/2022	Contributor address; City; State; Zip Code 211 Fairview Road San Marcos, TX 78666	200
Principal occu	upation / Job title (See Instructions) Employer (See Ins	tructions)
Date	Full name of contributor out-of-state PAC (IDH:	_) Amount of contribution (\$)
3/1/22	Contributor address; City; State; Zip Code 46652 S Hwy 118 Apline, TX 79830	550
Principal occu	upation / Job title (See Instructions) Employer (See Ins	tructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
2/20/2022	Contributor address; City; State; Zip Code 100 Rodriguez St. Buda, TX 78610	500
Principal occu	upation / Job title (See Instructions) Employer (See Ins	tructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A If contributor is out-of-state PAC, please see Instruction guide for addition	
orms provided by	Texas Ethics Comm Reset Form s.sta Reset Pa	Revised 8/17/2

MONETARY	POLITICAL	CONTRIBUTIONS

SCHEDULE A1

The	e Instruction Guide	explains how to complete	this form,	1 Total pages Schedule A1:
2 FILER NAME Mark Jone				3 Filer ID (Ethics Commission Filers)
4 Date 2/24/2022	Tommy Seargeant			7 Amount of contribution (\$)
	6 Contributor add 19 Country O	Iress; City; aks Dr. Buda, TX 7	State; Zip Code 8610	1000.00
Principal occ	upation / Job title (Se	e Instructions)	9 Employer (See Instr	uctions)
Date	Full name of co Robert McDo		a PAC (ID#:) Amount of contribution (\$)
/23/2022	Contributor add 9811 S IH 35	Bildg 3 Ste 100 Aust	State; Zip Code tin, TX 78744	500
Principal occu	pation / Job title (See	Instructions)	Employer (See Instr	Luctions)
Date	Full name of con Henry or Jan	et Swofford	9 PAC (ID#:) Amount of contribution (\$)
/25/2022	Contributor add		State; Zip Code 610	500.00
Principal occu	I upation / Job title (See	Instructions)	Employer (See Instr	uctions)
Date	Full name of co Chester Davi	out of store	+ PAC (ID#:) Amount of contribution (\$)
5/12/2022	Contributor add		State; Zip Code	
Principal occu	I Ipation / Job title (See	Instructions)	Employer (See Instr	uctions)
			ES OF THIS SCHEDULE AS	
orms provided by	Texas Ethics Comm	Reset Form	s.sta Reset Pag	Revised 8/17/2

2 FILER NAMI	e Instruction Guide explains how to complete this form		1 Total pages Schedule A1:
			3 Filer ID (Ethics Commission Filers)
Mark Jone	5		
4 Date	5 Full name of contributor out-of-state PAC (ID#:_ Beverly Shelton	(7 Amount of contribution (\$)
5/17/22	6 Contributor address; City; Sta PO Box 486 Buda, TX 78610	te; Zip Code	100.00
8 Principal occ	cupation / Job title (See Instructions) 9 E	Employer (See Instructio	ns)
Date 1/18/22	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
1/10/22	Man had men and the state of the second	ite; Zip Code	1000.00
Principal occu	upation / Job title (See Instructions) E	mployer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (IDII:)	Amount of contribution (\$)
5/23/2022	Contributor address; City; Star po box 1007 San Marcos, TX 78667	te; Zip Code	500.00
Principal occi	upation / Job title (See Instructions) E	mployer (See Instruction	ns)
Date	Full name of contributor		Amount of contribution (\$)
	Contributor address; City; Sta of contributions under \$90 each	ite; Zip Code	\$940.50
Principal occi	upation / Job title (See Instructions) E	mployer (See Instruction	nŝ)
	ATTACH ADDITIONAL COPIES OF TH		

SCHEDULE A1

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NA Mark Jor		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Heather Wartenburg) 7 Amount of contribution (\$)
3/4/22	6 Contributor address; City; State; Z 419 Witte Road Kyle	Sip Code \$95.70
Principal o	poccupation / Job title (See Instructions) 9 Employe	er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
/4/22	Contributor address; City; State; Z 1386 Merlot New Braunfels	Cip Code 143.70
Principal of	ccupation / Job title (See Instructions) Employe	er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
8/4/22	Contributor address; City; State; Zi 141 Lacey Oak Loop San Marcos	ip Code 143.70
Principal o	ccupation / Job title (See Instructions) Employe	er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
3/4/22	Contributor address; City; State; Zi 201 Fresno Springs Buda 78610	p Code 143.70
Principal o	ccupation / Job title (See Instructions) Employe	r (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCH If contributor is out-of-state PAC, please see Instruction guide to	
orms provided		eset Page Revised 8/17/2

Mark Jones 4 Date 5 Full name of contributor out-of-state PAC (DB:) 7 Amount of contribution (\$) 6/28/2022 6 Contributor address; City; State; Zip Code 14 6/28/2022 6 Contributor address; City; State; Zip Code 14 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (DB:) Amount of contribution (\$) 3/4/22 Contributor address; City; State; Zip Code 3/4/22 Full name of contributor out-of-state PAC (DB:) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$14 Date Full name of contributor out-of-state PAC (DB:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (DB:) Amount of contribution (\$) 3/16/2022 Full name of contributor out-of-state PAC (DB:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (DB:) Amount of contribution (\$)	Th	e Instruction Guide explains how to complete this for	m,	1 Total pages Schedule A1:
4 Date 5 Full name of contributor out-of-state PAC (Dit	2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
Amy Maulding But and the processing of the procesing of the processing of the processing of	Mark Jone	95		
0/20/2022 © Contributor address; City; State; Zip Code 14 228 Gable Street Kyle 78640 Image: State; Zip Code 14 8 Principal occupation / Job title (See Instructione) Image: State; Zip Code 14 3/4/22 Full name of contributor address; City; State; Zip Code \$14 3/4/22 Contributor address; City; State; Zip Code \$14 3/4/22 Contributor address; City; State; Zip Code \$14 Date Full name of contributor out-of-state PAC (DF) Amount of contribution (\$) \$14 Date Full name of contributor out-of-state PAC (DF) Amount of contribution (\$) \$14 3/16/2022 Full name of contributor out-of-state PAC (DF) Amount of contribution (\$) \$14 Principal occupation / Job title (See Instructione) Employer (See Instructions) \$14 J4/22 Contributor address; City; State; Zip Code \$14 J4/22 Full name of contributor out-of-state PAC (DF		Amy Maulding		7 Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (DF:) Amount of contribution (S) 3/4/22 Contributor address; City; State; Zip Code \$14 3/4/22 Contributor address; City; State; Zip Code \$14 3/6/2022 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (S) Date Full name of contributor out-of-state PAC (DF:) Amount of contribution (S) 3/16/2022 Susan McNeight City; State; Zip Code \$14 3/16/2022 Contributor address; City; State; Zip Code \$14 3/16/2022 Full name of contributor out-of-state PAC (DF:	6/28/2022	6 Contributor address; City; S		143.70
3/4/22 Karlyn Ellis Amount of contribution (\$) 3/4/22 Contributor address; City; State; Zip Code 305 Railroad St, ste A Buda 78610 Employer (See Instructions) \$14 Date Full name of contributor out-of-state PAC (Dif) Amount of contribution (\$) 3/16/2022 Full name of contributor out-of-state PAC (Dif) Amount of contribution (\$) 3/16/2022 Full name of contributor out-of-state PAC (Dif) Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (Dif) Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (Dif) Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (Dif) Amount of contribution (\$) Jate Full name of contributor Out-of-state PAC (Dif) Amount of contribution (\$) Jate Full name of contributor Out-of-state PAC (Dif) Amount of contribution (\$) Jate Full name of contributor Out-of-state PAC (Dif) Amount of contribution (\$) Jate Full name of contributor address; City; State; Zip Code	8 Principal occ	upation / Job title (See Instructions) 9	Employer (See Instructi	ions)
Contributor address; City; State; Zip Code \$14 305 Railroad St, ste A Buda 78610 Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (DBr) Amount of contribution (\$) 3/16/2022 Susan McNeight City; State; Zip Code 3/16/2022 Contributor address; City; State; Zip Code 3/16/2022 Full name of contributor out-of-state PAC (DBr) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$14 Date Full name of contributor out-of-state PAC (DBr) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (DBr) Amount of contribution (\$) 3/4/22 Contributor address; City; State; Zip Code \$14 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$14 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$14 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$14 Att		Karlyn Ellis		Amount of contribution (\$)
Dete Full name of contributor out-of-state PAC (Diff) Amount of contribution (\$) 3/16/2022 Susan McNeight	514122	Contributor address; City; S		\$143.70
3/16/2022 Susan McNeight Contributor address; City; State; Zip Code \$14 371 Bayou Bend Buda TX 78610 Employer (See Instructions) \$14 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (S) Date Full name of contributor out-of-state PAC (DAta Amount of contribution (S) 3/4/22 Contributor address; City; State; Zip Code 3/4/22 Full name of contributor out-of-state PAC (DAta Amount of contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$12 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$14 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$14 Attach Additional Copies of This Schedule As NEEDED \$14	Principal occu	upation / Job title (See Instructions)	Employer (See Instructi	ons)
Contributor address; City; State; Zip Code \$14 371 Bayou Bend Buda TX 78610 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$14 Date Full name of contributor out-of-state PAC (Diff:) Amount of contribution (\$) 3/4/22 Contributor address; City; State; Zip Code \$14 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 3/4/22 Contributor address; City; State; Zip Code \$14 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$14 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$14 AttACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED \$14		Susan McNeight		Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 3/4/22 Cathy Severance	3/16/2022	Contributor address; City; St		\$143.70
3/4/22 Cathy Severance Contributor address: City; State; Zip Code S14 S81 Ruby Ranch Road Buda Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Principal occi	upation / Job title (See Instructions)	Employer (See Instructi	ions)
Contributor address; City; State; Zip Code \$14 581 Ruby Ranch Road Buda Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		but-on-state PAG (ILM.		Amount of contribution (\$)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	314/22		tate; Zip Code	\$143.70
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructi	ons)
		If contributor is out-of-state PAC, please see Instructio		

SCHEDULE A1

1	The Instruction Guide exp	plains how to complete	this form.	1 Total pages Schedule A1:
2 FILER NA Mark Jon				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contri Eric Jasek	7 Amount of contribution (\$)		
/5/22	6 Contributor addres 755 Middle Cree		\$143.70	
Principal o	occupation / Job title (See In	nstructions)	9 Employer (See Instruct	ions)
Date	Full name of contri Peggy Price		9 PAC (ID#:)	Amount of contribution (\$)
4/22	Contributor addres 950 Little Bear I		State; Zip Code 610	\$143.70
Principal or	ccupation / Job title (See In	structions)	Employer (See Instruct	ions)
Date	Full name of contri Linda Hall	Amount of contribution (\$)		
/5/22	Contributor addres		State; Zip Code X 78610	\$143.70
Principal of	ccupation / Job title (See In	structions)	Employer (See Instruct	ions)
Date	Full name of contri	butor out-of-state	• PAC (ID#:)	Amount of contribution (\$)
17/22	Contributor addres	w Pass Driftwood	State; Zip Code	\$239.70
Principal or	ccupation / Job title (See In	structions)	Employer (See Instruct	ions)
			ES OF THIS SCHEDULE AS N	
rms provided	If contributor is out-o	f-state PAC, please see I Reset Form	s.sta Reset Page	

MONETARY	POLITICAL	CONTRIBUTIONS	
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SCHEDULE A1

The	e instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Mark Jone		3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor DUT-of-state PAC (ID#:) Ryan Shelton	7 Amount of contribution (\$)
6/29/22	6 Contributor address; City; State; Zip Code 16206 Remuda Trail Buda TX 78610	\$239.70
Principal occ	upation / Job title (See Instructions) 9 Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) Bobby DOHERTY	Amount of contribution (\$)
/29/2022	Contributor address; City; State; Zip Code 321 Packsaddle Pass Wimberley	239.70
Principal occu	upation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) Brian Doyle	Amount of contribution (\$)
3/4/2022	Contributor address; City; State; Zip Code 502 Pine Siskin Drive Buda TX 78610	239.70
Principal occu	upation / Job title (See Instructions) Employer (See Instru	 ctions)
Date	Full name of contributor out-of-state PAC (ID#:) John and Jill Lay	Amount of contribution (\$)
2/27/2022	Contributor address; City; State; Zip Code 5309 Tortuga Trail Austin TX	\$239.70
Principal occu	upation / Job title (See Instructions) Employer (See Instru	L ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additional	
orms provided by	Texas Ethics Comm Reset Form s.sta Reset Pag	e Revised 8/17/2

SCHEDULE A1

т	ne Instruction Guide explains how	to complete	this form.	1 Total pages Schedule A1:
2 FILER NAM				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Terry Mitchell	7 Amount of contribution (\$)		
3/1/22	6 Contributor address: 3212 Bridle Path Austir	City;	State; Zip Code	\$479.70
8 Principal oc	cupation / Job title (See Instructions)	i .	9 Employer (See Instruc	tions)
Date	Full name of contributor Bart Hopper	out-of-state	PAC (ID#:)	Amount of contribution (\$)
4/8/2022	Contributor address; 1616 Cleveland Avenue	\$1,439.70		
Principal occ Real estate	upation / Job title (See Instructions)		Employer (See Instruct Hopper Communitie	
Date	Full name of contributor out-of-state PAC (ID#:		PAC (IDII:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal oc	upation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state	PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal oc	cupation / Job title (See Instructions)		Employer (See Instruc	tions)
	ter state a			
	ATTACH ADDI If contributor is out-of-state PA		ES OF THIS SCHEDULE AS N Instruction guide for additional (
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
	EVDENDITUE	ECATEGO	DIEC EAD D	OV Q(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Event Expense Fees Food/Beverage Expense By Głt/Awards/Memorials Expense al Committee Legal Services	GORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundralsing Expanse Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1 5	2 FILER NAME Mark Jones		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name					
1/12/22	Harland Clarke					
6 Amount (\$) \$20.90	7 Payee address;	State; Zip Code				
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	98 m 11			
PURPOSE OF EXPENDITURE	Accounting/Banking	Check Order				
	(C) Check if travel outside of Texas. Complete S	Schedule T. Check If Aus	Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name		a tarang atar ing ang ang ang ang ang ang ang ang ang a			
2/11/22	A&E Signs					
Amount (\$)	Payee address;	City;	State; Zip Code			
\$9,173.45						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this e Printing Expense	schedule) Description Printing Signs				
	Check if traval outside of Texas. Complete S	lin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name		,			
2/15/22	Johnson High School Project	Graduation				
Amount (\$)	Payee address;	City;	State; Zip Code			
\$1000.00						
	Category (See Categories listed at the top of this s	schedule) Description				
PURPOSE OF EXPENDITURE	Contributions made by officeh	older Sponsorship				
	Check if travel outside of Texas. Complete S	chedule T. Check If Aust	In, TX, afficaholder living expanse			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/O	^H Mark Jones	Hays Co Judge	Hays Co Commissio			
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED			
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SCHEDULE F1

	EXPENDITURE CATEGO	DRIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees c Food/Beverage Expense F y Gift/Awards/Memorials Expense F	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
Total pages Schedule F1:	2 FILER NAME Mark Jones		3 Filer ID (Ethics Commission Filers)			
Date 4/21/22	5 Payee name Buda Lions Club		•			
Amount (\$)	7 Payee address;	City;	State; Zip Code			
\$500	Mark Jones					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Advertising Expense	(b) Description Event Spo	onsorship			
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Aus	tin, TX, officeholder living expense			
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	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 sche Donation by OH		Description Event Sponsorship			
	Check If travel outside of Texas. Complete Sche	dule T. Check if Aus	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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 sche Reimbursement		Description Donation to Hays Teacher of the Year			
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aus	un, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Mark Jones	Office sought Hays Cou	nty Hays County			
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED			
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SCHEDULE F1

EXP	EN	DIT	URE	CA	TEG	OR	IES	FOR	BOX	8(a)	
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E y Gift/Awards/Memorials Expense Printing E		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out Of District Other (enter a category not listed above)			
Total pages Schedule F1:	2 FILER N	Mark Jones		3 Filer ID (Ethics Commission Filers)			
Date 5/17/22	5 Payee n	ame Kyle VFW		-			
Amount (\$)	7 Payee a	ddress;	City;	State; Zip Code			
\$300	Mark	Jones					
	(a) Catego	ry (See Categories listed at the top of thi	(b) Description				
PURPOSE OF EXPENDITURE	D	onation from OH	Hats off	to Veterans Event			
	(c)	Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name	Office sought	Office held			
Date	Payee n	ame					
5/31/22	1	Helen's Casa Alde					
Amount (\$)	Payee a	ddress;	City;	State; Zip Code			
\$265.21							
	Categor	y (See Categories listed at the top of this	schedule) Description				
PURPOSE OF EXPENDITURE		Advertising Exp.	Brea	Breakfast for Teachers			
		Check if travel outside of Texas. Complete	Schedule T. Check if A	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name	Office sought	Office held			
Date	Payeen	ame					
6/1/22		Wimberly4	H Buyers Pool				
Amount (\$)	Payee a	ddress;	City;	State; Zip Code			
\$500							
	Category	(See Categories listed at the top of this	schedule) Description				
PURPOSE OF EXPENDITURE	A	dvertising Exp.	Ev	Event Sponsor			
	1	Check if travel outside of Texas. Complete	Scheduls T. Check If Au	ustin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name Mark Jones	Office sought Hays County Ju	Hays County			
er er de la companya	AT	TACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS N	Commissioner			
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SCHEDULE F1

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

		EXPENDITURE CA	TEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Office-holder/Political Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office Ov Polling En Printing E Salaries/	xpense Wages/Contract Labor	Travel In District Travel Out Of District	pment & Related Expense	
4	2 50 50 1		plains now to	complete tina form.	9 Elles 10 /Enti		
1 Total pages Schedule F1: 5	2 FILER N	Mark Jones			3 Filer ID (Ethic	s Commission Filers)	
4 Date 6/21/22	5 Payee n Bl	ida Chamber of (Commer	се			
6 Amount (\$) \$500	7 Payee a	ddress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Catego	Donation by Of		(b) Description Golf Sponsor			
	(c)	Check if travel outside of Texas. Comp	xiele Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of	this schedule)	Description			
		Check if travel outside of Texas. Comp	lete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
Date	Payee n	ame	<u></u>				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of	this schedule)	Description			
		Check if travel outside of Texas. Comp	lete Schedule T.	Check If Aust	un, TX, officeholder living) expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		late / Officeholder name Mark Jones	На	Office sought ys County Ju	dge Hay	/s County	
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	F F y G I Committee L	expenditure carries ees cod/Beverage Expense it/Awards/Memorials Expense egal Services The Instruction Guide expla	Loan Repayr Office Overh Polling Expe Printing Exp Salaries/Wa	nent/Reimbursement ead/Rental Expense nse anse ges/Contract Labor	Solicitation/Fundrals Transportation Equi Travel in District Travel Out Of Distri Other (enter a categ	pment & Related Expense	
Total pages Schedule F1:					3 Filer ID (Ethic	s Commission Filers)	
Date 3/1/22	5 Payee name	Anedot			1		
\$ Amount (\$) \$23.70	7 Payee addr	ess;		City;	State;	Zip Code	
3	(a) Category (See Categories listed at the top of th	his schedule)	(b) Description			
PURPOSE		Fees		Credit (Card		
OF EXPENDITURE		1005		Processing			
	(c) Ch	eck if travel outside of Texas. Complete	e Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held	
Date	Payee name	9					
3/11/22		Color Mix					
Amount (\$)	Payee addr	ess;		City;	State;	Zip Code	
\$805.27							
	Category (S	ee Categories listed at the top of this	s schedule)	Description			
PURPOSE OF EXPENDITURE	Printing			Bumper Stickers			
	Ch	eck if travel outside of Texas. Complete	a Schedule T.	Check if Aus	tin, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held	
Date	Payee nam	e	,		ана Артарија — Кај	·· ···	
4/11/22	Eckst	rom Benefit					
Amount (\$)	Payee addr	ess;		City;	State;	Zip Code	
\$1000							
	Category (S	ee Categories listed at the top of this	s schedule)	Description			
PURPOSE	D	onations made		Coope	orchip		
OF EXPENDITURE	by OH			Sponsorship			
	Ch	eck if travel outside of Texas. Complete	Schedule T.	Check If Aus	lin, TX, officeholder living) expanse	
Complete ONLY if direct	Candidate	/ Officeholder name		Office sought		Office beld	
expenditure to benefit C/OH	Mar	k Jones	Ha	ys County	Judge F	lays County	
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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

CIC	The Instruction Guide explains how to co	
CIE	⊷ Complete only if "Report Type" on page 1 is	s marked "Final Report" ••
0/0	DHNAME	2 Filer ID (Ethics Commission Filers)
SIC	GNATURE	
des	o not expect any further political contributions or political expenditures in consistent of a second state of the second state	intment. I also understand that I may not accept any
		Signature of Candidate / Officeholder
	ER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder	
A.	CAMPAIGN FUNDS	
c	Sheck only one:	
Г	I do not have unexpended contributions or unexpended interest or in	ncome earned from political contributions.
Г	I have unexpended contributions or unexpended interest or income e may not convert unexpended political contributions or unexpended personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned filing this final report. Further, I understand that I must dispose of un interest or income earned on political contributions in accordance with	I interest or income earned on political contributions of unexpended contributions and that I may not ret I on political contributions longer than six years after nexpended political contributions and unexpended
В.	ASSETS	
c	theck only one:	
	I do not retain assets purchased with political contributions or interes	st or other income from political contributions.
Γ	I do retain assets purchased with political contributions or interest or	r other income from political contributions. I understa
	that I may not convert assets purchased with political contributions of personal use. I also understand that I must dispose of assets purcharequirements of Election Code, § 254.204.	
	that I may not convert assets purchased with political contributions on personal use. I also understand that I must dispose of assets purcha	
	that I may not convert assets purchased with political contributions on personal use. I also understand that I must dispose of assets purcha	ased with political contributions in accordance with the Signature of Candidate officeholder who does not have a campaign treasurer of d contributions if, after filing the last required report as from political contributions, or assets purchased with