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	MS/MRS/MR Mr	FIRST Mark	MI	OFFIC	E USE ONLY
NAME	NICKNAME LAST SUFFIX Jones			Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	PO Box 982	Kyle TX 78620	CITY: STÀTE; ZIP CODE		1 1 2022
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 517-297	EXTENSION		red or Dale Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Jennifer	MI	Receipt #	Amount \$
NAME	NICKNAME	Storm	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	1	(NO PO BOX PLEASE); APT / S ater Hollow Buda T		STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	рноме мимвек 549-4339	EXTENSION		
9 REPORT TYPE	January 15	30th day before el	harmond .	treasurer (Officeho	after campaign appointment ider Only) port (Attach C/OH - FR)
10 PERIOD COVERED	Month 07	Day Year 20	THROUGH 09	29 29	_{ваг} О
11 ELECTION	Month Day	Year Primary	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (II known County Judge	n)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFR	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES IN S MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEH	OLDER'S KNOWLEDGE OR
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
		GO ТО	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Mark Jones	16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$ 3750,59				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 140,162.91				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0				
	4. TOTAL POLITICAL EXPENDITURES	\$27,649,89				
CONTRIBUTION BALANCE	 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD 	STDAY \$ 171,363,3°				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 6080				
	wear, or affirm, under penalty of perjury, that the accompanying report is tru- quired to be reported by me under Title 15, Election Code,	e and correct and includes all information				
	My Jon	e				
	Signature of Ca	indidate or Officeholder				
	Please complete either option belov	r				
(REBECCA ANN TRINIDAD					
The state of the s	Notary Public, State of Texas Comm. Expires 08-31-2026					
(1) Affidavit	Notary ID 133940574					
NOTARY STAMP/SEA	mary Mas	11 th day of October				
20 2 to certify	which, witness my hand and seal of office.	1.10 m P 1.10				
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath				
OR						
(2) Unsworn Declarati	on					
My name is	and my date of birth is					
My address is		, , , , , , , , , , , , , , , , , , , ,				
Everyled in	, ,	state) (zip code) (country)				
LABOUTEU III	County, State of, on theday of(month	(year)				
	Signature of Candid	date/Officeholder (Declarent)				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER	NAME MAKE JONES	20 Filer ID (Ethics Cor	nmission Filers)
	DULE SUBTOTALS OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$143,713,
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIO	DNS	\$8248,15
3,	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$ 6080°°
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	AL CONTRIBUTIONS	\$ 27649.8
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ - number titermun verman terminopour communicares
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLIT	FICAL CONTRIBUTIONS	\$ and a superior of parameter format and to provide
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONA	AL FUNDS	\$ ************************************
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	S TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITIC	CAL CONTRIBUTIONS	\$ *************************************
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONT TO FILER	RIBUTIONS RETURNED	\$

SCHEDULE A1

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

ii ii to roquoo	to a morniation to flot applicable, 2 c more access and page	
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 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
7-14-22	Cathy Severance 6 Contributor address; City; State; Zip Co	
/ /	pation / Job title (See Instructions) 9 Employer (S	ee Instructions)
<i>sales</i>	Se.	Employe"
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
7-14-22	James Kennedy Contributor address; City: State; Zip C	
	Houston TX.	
Principal occup		L Sunfield Stakiborough Dev
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
9-14-22	Steven Rankine Contributor address; City; State; Zip C 100 Tecllore Eyle TX 78640	
Principal occup	<u> </u>	ee Instructions)
Const	ruction Sek	Employed
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
7-14-22	Contributor address; City; State; Zip Contributor Address; City; State; Zip Contributor Address; By Ag Tx. 784	74
Principal occup		ee Instructions)
<u> </u>	icele Dynun	ne syciem)

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SCHEDULE A1

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If the requested information to not applicable, Bo Not include this page in the report							
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:				
2 FILER NAME	MAKE JON	2.5	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PAC		7 Amount of contribution (\$)				
7-14-22	Peggy Price 6 Contributor address; City; Bully	State; Zip Code	1,222, 50				
\sim	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)				
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)				
7-10-22		State; Zip Code TK 78640	1,282,80				
	pation / Job title (See Instructions)	Employer (See Instruct	tions)				
CONSTYL	ution	Duner					
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)				
9-18-22		State; Zip Code T.4. 786/V	41,478.70 X				
	oation / Job title (See Instructions)	Employer (See Instruc	tions)				
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)				
7-11-22	Rick Sheldon Contributor address; City; San Antonio	State; Zip Code	1,500' 🚉				
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions) Selver Dec See Instructions)						
	J	,					

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SCHEDULE A1

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The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
FILER NAME	Mayle Joy	3 Filer ID (Ethics Commission Filers)	
Date	5 Full name of contributor out-of-state PA		7 Amount of contribution (\$)
-18-22	Sally Moser 6 Contributor address; City;		1 089, 27
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date		AC (ID#:)	Amount of contribution (\$)
1-18-22	Cadie Grubert Contributor address; City; Budg	State; Zip Code TX. 780/0	1 1 094-78
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state P/	AC (ID#:)	Amount of contribution (\$)
-18-22	Munica Davidso. Contributor address; City; Budg.	State; Zip Code TX 734/V	引,212,50
•	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state P.	AC (ID#:)	Amount of contribution (\$)
-30-12	Lanette Lowden Contributor address; City; Diffword	State; Zip Code	1, 212. 50 Xx
	pation / Job title (See Instructions)	Employer (See Instruc	ctions)

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SCHEDULE A1

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The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1;
2 FILER NAME	Ma/C	TONOS	>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
9-26-22	6 Contributor address;		State; Zip Code	1,000,00
8 Principal occu	pation / Job title (See Instructions)	17404,	9 Employer (See Instruc	tione
	ner		Self-pp	, , , , , , , , , , , , , , , , , , ,
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
10-2-22	Contributor address;	etter city: San Morros	State; Zip Code	ال ١,٥٥٥ عمر
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC		Amount of contribution (\$)
7-14-22	ろんねれれいハ Contributor address;			91,040100
Dain als al accura	ration / Jah title (Con Instructions)	wimberley,	Employer (See Instruc	tions)
Principal occup	pation / Job title (See Instructions) P- DWNPR		St/f-tm	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Arnount of contribution (\$)
7-6-22	Tacie Ze Contributor address;	City; Kyle	State; Zip Code TX: 78640	1,062,50
Principal occup	pation / Job title (See Instructions)		Employer (See Instruction Mr.C.ay Bray	stions)
			/ /	,
		·		
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SCHEDULE A1

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Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1:
Maric	TONE		3 Filer ID (Ethics Commission Filers)
5 Full name of contributor	out-of-state PAC	(ID#:	
Cale & Christi 6 Contributor address;	City;	State; Zip Code	1,000,00
		9 Employer (See Ins	tructions Hill Country Pay Roll
Full name of contributor	out-of-state PAC	(ID#;	Amount of contribution (\$)
S C い サー S 小 な か Contributor address;			\$ 1,000 00
pation / Job title (See Instructions) Teacher		Employer (See Ins	
Full name of contributor	out-of-state PAC	C (ID#:) Amount of contribution (\$)
Pamela E	City;	State; Zip Code	1,000
pation / Job title (See Instructions)		Employer (See Ins	structions)
Full name of contributor	out-of-state PA	C (ID#:	Amount of contribution (\$)
Brad Hull Contributor address;	City; Budg	State; Zip Code TX. 78610	1, 000' 2
pation / Job title (See Instructions)		Employer (See In	structions)
Estati		36/7	
	5 Full name of contributor Cale & Christi 6 Contributor address; pation / Job title (See Instructions) Full name of contributor South & Sham Contributor address; pation / Job title (See Instructions) Full name of contributor Panela Contributor address; pation / Job title (See Instructions) Full name of contributor Panela Contributor address; Full name of contributor Panela Contributor address;	5 Full name of contributor Cale & Christina 13 a 6 Contributor address; City; Budy pation / Job title (See Instructions) Full name of contributor Contributor address; City; Budy Pation / Job title (See Instructions) Full name of contributor Panela Eakin Contributor address; City; Sun Mujion Panela Eakin Contributor address; City; Sun Mujion Full name of contributor Panela Eakin Contributor address; City; Sun Mujion Full name of contributor Contributor address; City; Sun Mujion Contributor address; City; Budy	Cale & Christing 13 aese 6 Contributor address; City; State; Zip Code BUDY, Th. 78410 pation / Job title (See Instructions) AHF Office Full name of contributor Contributor address; City; State; Zip Code Budy, Th. 78410 Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor Contributor address; City; State; Zip Code San Majion Full name of contributor Contributor address; City; State; Zip Code San Majion Full name of contributor Contributor address; City; State; Zip Code San Majion Full name of contributor Contributor address; City; State; Zip Code San Majion Full name of contributor Contributor address; City; State; Zip Code Brad Hullum Contributor address; City; State; Zip Code Budy Tx. 78610

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SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Mak tone)	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
7-14-22	Megan Eckstron 6 Contributor address; City; Budg,	State; Zip Code	633.70 x
	pation / Job title (See Instructions) 1 Hat Mukek	9 Employer (See Instruction OWAPL	tions)
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
9-12-22	Juanita Thornt Contributor address; City: Budy	State; Zip Code TX. 78610	\$ 646. 32 XX
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 7-25-22	David Hamilton	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	l pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 7 - 8 - 22	Full name of contributor out-of-state PAG David Glickler Contributor address; City;	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	npation / Job title (See Instructions) がりとく	Employer (See Instruc	ttions)

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SCHEDULE A1

	If the reques	ted 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	Mak Jonnes	3 Filer ID (Ethics Commission Filers)
	2022	5 Full name of contributor Out-of-state PAC (ID#:) Bit How Contributor 6 Contributor address; City; State; Zip Code LG2 CNORACTER BAGIN HODO pation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$)
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	77 Vi	Contributor address; City; State; Zip Code 440 Casey Lane Withhuly TX78676	\mathcal{A}
	^	Section / Job title (See Instructions) Employer (See Instructions)	tions)
	14 74 707	Full name of contributor Ruy M Lean Contributor address; City; State; Zip Code Contributor 3 Code Contributor 3 Code Contributor 3 Code Co	Amount of contribution (\$)
	Principal occup	pation / Job title (See Instructions) Employer (See Instructions) \mathcal{LR}	tions)
	Date AU AU AU AU AU AU AU AU AU A	Full name of contributor Out-of-state PAC (ID#:) DVA Holding Company PAC Contributor address; City; State: Zip Code	Amount of contribution (\$)
	Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)

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SCHEDULE A1

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

	ruction Guide explains how t	to complete this	form	1 Total pages Schedule A1:
	A /\			· -
2 FILER NAME	MAK	TGAR		3 Filer ID (Ethics Commission Filers)
	Full name of contributor		(ID#:)	7 Amount of contribution (\$)
9-22-22 6	Contributor address;	104 ms on City; 1000 7	State; Zip Code	5,000,00
8 Principal occupation	n / Job title (See Instructions)	1	9 Employer (See Instruct	tions)
Kanihez	2		SelF	
Date I	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
7-12-22	John Haw Contributor address;	city; Bull4	State; Zip Code	\$ 109.34
Principal occupation	/ Job title (See Instructions)		Employer (See Instruct	tions)
Develo	per		<u> </u>	
Date	, Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
1 '	Melissa Contributor address;	Jewett City: San Mulls	State; Zip Code	109.34
Principal occupation	n / Job title (See Instructions)		Employer (See Instruc	tions)
	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
1	Kathryn Contributor address;	Kelley City;	/ State; Zip Code	9 109, 34 ×x
Principal occupation	n / Job title (See Instructions)		Employer (See Instruc	tions)
			OF THIS SCHEDULE AS N	

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SCHEDULE A1

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

,, and roque	Red Information is not applicable; 55 No. 1116		
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME	Mark Jones		3 Filer ID (Ethics Commission Filers)
4 Date 7 10 7 10	5 Full name of contributor out-of-state PAC (I Read BEAL ERAMENT) 6 Contributor address; City; [0100N, Benten M. Allenter)	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu Engin		B to Z engina	· ·
Date 7 (6 2027	Full name of contributor AVDAVA GOVERAL Contributor address; SEN FELIPE HOUTH	State; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instruct AIDAII4 6-16	
Date John	Full name of contributor Full name of contributor Contributor address; City; Contributor AC Contributor AC City;	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	and ASSOCIATES
Date LOT	Full name of contributor Part Dawin Eng PAS Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Pape Daw	ison Engineers
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	IEEDED

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 Full name of contributor out-of-state PAC (ID#: COOPO 660) 6 Contributor address; City; State; Zip Code 2 6 Liberty Ship Vey Sausa III (A 94961		7 Amount of contribution (\$)	
Principal acqui	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
D	neering Firm	Garver	alons)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
the	Quiddity PAC Contributor address; City; 3/00AWN Devane ATV	State; Zip Code	1500	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	lions)	
Date Horizon		0 -	Amount of contribution (\$)	
, · · · · · · · · · · · · · · · · · · ·	oation / Job title (See Instructions)	Employer (See Instruc	astructure Inc.	
Date	Full name of contributor Raha Kithur CAC Jacobs Contributor address; Contributor address; Contributor Address; City;	State; Zip Code	Amount of contribution (\$)	
	necking Firm	Employer (See Instruc	tions) Finer Inc.	

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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	4 Date 5 Full name of contributor put-of-state PAC (ID#:) 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)
· ·	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Charlote Calpin	: (ID#:)	Amount of contribution (\$)
tir	Contributor address; City:	State; Zip Code X 78737	270
Principal occup Engini	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date THE	Full name of contributor out-of-state PAC Contributor address; City; Contributor A7	State; Zip Code	Amount of contribution (\$)
. <u></u> -	pation / Job title (See Instructions)	Employer (See Instruc	\mathbb{C}
Date		State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

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SCHEDULE A1

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

n ano roques	Account of the capping of the control of the contro	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Mark Jones	3 Filer tD (Ethics Commission Filers)
4 Date	5 Full name of contributor Bunce Kadis- 6 Contributor address; City; State; Zip Code DuBuk/670 Buytum 7 77572	7 Amount of contribution (\$)
	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date D/U	Full name of contributor Richard Scott Contributor address; City; State; Zip Code 1030 Mt. Shop Winhardy 7867	<u> </u>
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date Allo 2012	Full name of contributor Out-of-state PAC (ID#:) Contributor address; City; State; Zip Code OG T Ruby Rond, Bulk TV HG10	Amount of contribution (\$)
α	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor Out-of-state PAC (ID#:) A A A A A A A A A A A A A A A A A A A	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instru	A
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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	Marc	Jone	>	3 Filer ID (Ethics Commission Filers)
4 Date 1 14 10 12	5 Full name of contributor David Solves 6 Contributor address;	 	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(10#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu r	ation / 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 occu	Dation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	aut-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	 pation / Job title (See Instructions)		Employer (See Instruc	tions)
			DE THIS SCHEDIII E AS	

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

If the requested information is not applicable, 20 for install	
The Instruction Guide explains how to complete this form	m. 1 Total pages Schedule A2:
2 FILER NAME Mark Jones	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$
5 Date 9 19 22 6 Full name of contributor out-of-state PAC (ID#:	Zip Code 8 Amount of 9 In-kind contribution description Contribution \$ 9 In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
Kestaurant Owner	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution description Zip Code Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) ENGINCERING FIRM	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	·
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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n.	1 Total pages Schedule A2: 2/ Z
	3 Filer ID (Ethics Commission Filers)
BUTIONS	\$
Zip Code	8 Amount of 9 In-kind contribution Contribution \$ description 4 8 00 Contribution Contrib
11 Employe	r (FOR NON-JUDICIAL)(See Instructions)
13 Contribu	tor's job title (FOR JUDICIAL)(See Instructions)
15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
Zip Code	Amount of Contribution \$\\ \lambda \cdot \
Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contribu	itor's job title (FOR JUDICIAL) (See Instructions)
Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
	Zip Code 11 Employe 13 Contribu 15 Law firm Zip Code Employe Contribu

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SCHEDULE A1

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The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A1:
2 FILER NAME	Markt	Onas	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-	state PAC (ID#:)	7 Amount of contribution (\$)
7-14-22	Melissa Kirk 6 Contributor address; City;	State; Zip Code	9 415- 44 Xx
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor out-of-	state PAC (ID#:)	Amount of contribution (\$)
7-14-22	Esperanza Orosco Contributor address; City;	State; Zip Code	415- 44
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date		state PAC (ID#:)	Amount of contribution (\$)
9-12-22	Bob Rosebrock Contributor address; City;	State; Zip Code	¥ 430. xx
Principal occup	pation / Job title (See Instructions)	Employer (See Instru	ctions)
Date	wesley Jasek	state PAC (ID#:)	Amount of contribution (\$)
Principal occur	Contributor áddress; City; pation / Job title (See Instructions)	State; Zip Code Employer (See Instru	ctions)
Findiparoccup	Je & C	BCF. T	V)(
<u> </u>			

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SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME	2 FILER NAME Mark Tones		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)	
9-25-22	Denise Hernandez 6 Contributor address; City;		3 59.34 XX	
8 Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date		C (ID#:)	Amount of contribution (\$)	
7-14-22	Daniela Parsley Contributor address; City;	State; Zip Code	9365.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)	
8-28-22	Contributor address; City;	State; Zip Code	365.44	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)	
9-18-22	Sara (rizzle Contributor address; City;	State; Zip Code	\$ 374.78 X	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	

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SCHEDULE A1

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ii iiio roquoo	mornation is not applicable, be not include this page in the	o topotti
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1;
2 FILER NAME	Mark Tones	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
9-19-22	Micole Ohlendorf 6 Contributor address; City; State; Zip Code	. \$250.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
7-4-22	Lu Anne + Craig Berlin Contributor address; City; State; Zip Code	350, 00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	
7-14-22	Marylaura Doherty Contributor address; City; State; Zip Code	359·34 **
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
9-18-22	Contributor address; City; State; Zip Code	359,34
Principal occup	Dation / Job title (See Instructions) Employer (See Instructions)	uctions)

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The	Instruction Guide explains how to complete this for	m.	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 (ID#	:)	7 Amount of contribution (\$)
	Scott Nester		4 250's
8-30.22	6 Contributor address; City; S	State; Zip Code	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID:	P:	Amount of contribution (\$)
7-27-22	Contributor address; City;	State; Zip Code	\$ 266.85 ×
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (IDI	<u>}</u> :)	Amount of contribution (\$)
8-6-22	Dean Miller Contributor address; City; S	State; Zip Code	\$ 266.85 **
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID)	#:)	Amount of contribution (\$)
7-14-22	Contributor address; City;	State; Zip Code	\$ 275 '44
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	Mark Tones	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
9-18-22	Andrea Thomas 6 Contributor address; City; State; Zip Code	220,00		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	ctions)		
Date	Full name of contributor out-of-state PAC (fD#:)	Amount of contribution (\$)		
9-1-22	David Case Contributor address; City; State; Zip Code	\$ 250.00		
	440 Stage coach Trl San Mans Holek			
Principal occupation / Job title (See İnstructions) Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
7-14-22	Arnold Cohen Contributor address; City; State; Zip Code 9009 Bell Mt. Dr. Anni 7x 78730	1 250' - \(\frac{1}{\times_{\alpha}}\)		
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)		
7-18-22	Carl Dahlstrom Contributor address; City; State; Zip Code POBUX/464 Bud 7X 78610	\$ 250° ×x		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				

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SCHEDULE A1

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ii tile reques	sted information is not applicable, bo NoT in		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Mark Tones		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
9-18-22	Brandice Davey 6 Contributor address; City; State; Zip Code 78 ((C)/k (ove Birde 786/0)		250(30
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date		: (ID#:)	Amount of contribution (\$)
9-19-22	Carey Davey Contributor address; City; 120 Trail Mark Code D	State; Zip Code 74444 74619	1 250.00
	pation / Job title (See Instructions)	Employer (See Instruct	
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
9-7-22	John D. Hopkins Contributor address; City; 911 E. Main Malhamy Gr	State; Zlp Code UVE IL 62262	250,00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	
Date		; (ID#:)	Amount of contribution (\$)
7-11-22	フなれる ひゅうらった Contributor address; City;	State; Zip Code	109.34
Principal occup	oation / Job title (See Instructions)	Employer (See Instruc	tions)

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ii tile reques	ted information is not applicable, DO NOT mediate this page in the	
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 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
9-15-22	William Noble 6 Contributor address; City; State; Zip Code 217 Runnim Bruo/CV.	* 250'°°
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
7-27.22	Suzi Mitchell Contributor address; City; State; Zip Code 2674 Fairwold, NewBrandel 7	291.85
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
7-27-22	Dianne Boyreson Contributor address; City; State; Zip Code	1 316.85-
Principal occu p	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
¥-30-22	Micah Petrea Contributor address; City; State; Zip Code [MKWINCLIFF BULL 7-8610]	335·44 **
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Mark tones	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
7-14-22	Kathy Martinez-Prather 6 Contributor address; City; State; Zip Code 400 Brane Torr, Son Moros 2666	1 250· 2
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
9-7-22	David Edwards Contributor address; City; State; Zip Code 4 (auch Hill H. ATX 7873)	श २.≤१ . <u>३म</u>
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
9-18-12	Kane Childress Contributor address; City; State; Zip Code 171 Chell Dray Ct Buds Huli	265, 44
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
7-21-22	3ァこんな 人でを Contributor address; City; State; Zip Code	266. 85
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	retions)
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SCHEDULE A1

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The	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Mark Jones	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
-27-22	Travis Tindol 6 Contributor address; City; State	# 533.70 xx
Principal occu	pation / Job title (See Instructions) 9 En	nployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
-28-22	Scot Whitwer Contributor address; City; Stat	:::::::::::::::::::::::::::::::::::::
Principal occup	ation / Job title (See Instructions)	nployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
-14-22	Contributor address; City; Stat	e; Zip Code 534 5
Principal occup	pation / Job title (See Instructions)	mployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
1-14-22	Joshua Harper Contributor address; City; Sta	9 583 <u>70</u>
Principal occu	pation / Job title (See Instructions)	mployer (See Instructions)

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SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME	Mark tones		3 Filer ID (Ethics Commission Filers)
1 Date		(10#:)	7 Amount of contribution (\$)
9-5-22	Courtney Runkle. 6 Contributor address; City;	State; Zip Code	\$ 515 44
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
7-19-22	Kelly Kolodzey Contributor address; City;	State; Zip Code	533.70
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
7-20-22	Tara SI\VIO Contributor address; City;	State; Zìp Code	\$ 533.70 Xx
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
7-24-22	Clay Thompson Contributor address; City;	State; Zip Code	533,70
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

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SCHEDULE A1

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The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME	Mark Tones		3 Filer ID (Ethics Commission Filers)
4 Date	1306 Gregory	o#:) State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ons)
Date 7-14-22	Full name of contributor out-of-state PAC (III Anthony Hippolish Contributor address, City;	D#:) State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Nikella Meade	D#:) State; Zip Code	Amount of contribution (\$) \$\\\$ 500 \frac{\infty}{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinx{\text{\text{\text{\text{\text{\text{\text{\text{\tinx{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\tinite\text{\text{\text{\text{\text{\tinit}\text{\text{\text{\tinx{\text{\text{\text{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\tinit}\text{\tetx{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\tin\text{\text{\text{\text{\text{\text{\texi}\text{\text{\texi}\tinit{\text{\tiin\text{\tiint{\text{\text{\texit{\text{\tet
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 9-48-22	Full name of contributor out-of-state PAC (i Juanita Thurntum Contributor address; City;	D#:) State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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SCHEDULE A1

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if the reques	ted information is not applicable, DO NOT illicitude this page	in the report
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Mark Tones	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	
7-14-22	6 Contributor address; City; State; Zip Coo	de 450.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (Se	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
9-18-22	Stacy Morgan Contributor address; City; State; Zip Co	de 465.44
Principal occup	pation / Job title (See Instructions) Employer (Se	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
10-5.22	Contributor address; City; State; Zip Co.	de \$500' \(\frac{90}{\times_{\tilde{x}}}\)
Principal occuj	pation / Job title (See Instructions) Employer (Se	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
8-31-22	Jamie Gaertner Contributor address; City; State; Zip Coo	4 500, x
Principal occu	pation / Job title (See Instructions) Employer (Se	ee Instructions)

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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Mark Jones	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
7-14-22	6 Contributor address; City; State; Zip Code	200,00
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:)	
7-14-22	Contributor address; City; State; Zip Code	2000
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
7-14-22	Carol Whisenant Contributor address; City; State; Zip Code	J 2001 30
Principal occu	pation / Job title (See Instructions) Employer (See Instru	l uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
7-44-22	Ryan & Amanda Burkhardt Contributor address; City; State; Zip Code	200'00
Principal occu	pation / Job title (See Instructions) Employer (See Instru	l uctions)

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SCHEDULE A1

	if the reques	sted 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	Marc Jores	3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
8	.20-22	Thomas Conley 6 Contributor address; City; State; Zip Code	100,00
8	Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	l structions)
	Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
9	-8-22	Lucia Carracedo Contributor address; City; State; Zip Code	100100
	Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	 structions)
	Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
9	-8-22	Sandre Hale Contributor address; City; State; Zip Code	\$ 100'00 Xa
,	Principal occup	pation / Job title (See Instructions) Employer (See In	structions)
	Date	Full name of contributor out-of-state PAC (ID#:	
8	·30-22	Contributor address; City; State; Zip Code	100,00 Xx
	Principal occup	pation / Job title (See Instructions) Employer (See In	structions)
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SCHEDULE A1

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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 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	
7-15-22	6 Contributor address; City; State; Zip Co.	1 *1	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (Se	e Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
7-15-22	Røbert Caldwell Contributor address; City; State; Zip Co	1 11 0	
Principal occup	ation / Job title (See Instructions) Employer (Se	e Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
8-1-22	Contributor address; City; State; Zip Co.		
Principal occup	pation / Job title (See Instructions) Employer (Se	ee Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)	
8-30-22	Mrs, T.C. McCormick Contributor address; City; State; Zip Cod	de 150 33	
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)		

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SCHEDULE A1

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The	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Mark Tones	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
7-5-22	Charles Ramsey 6 Contributor address; City; State;	Zip Code 2 00 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
8 Principal occup	pation / Job title (See Instructions) 9 Employ	/er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Antiquité de continuation (4)
7-10-22	Roger Keats Contributor address; City; State;	Zíp Code 200 で スペ
Principal occup	ation / Job title (See Instructions) Employ	ver (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
7-14-22	Shelby and Mica Eckols Contributor address; City; State;	Zip Code 200.00
Principal occup	ation / Job title (See Instructions) Employ	yer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
7-14-22	Wesley Roach Contributor address; City; State;	Zip Code 200 x x
Principal occup	pation / Job title (See Instructions) Employ	yer (See Instructions)

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SCHEDULE A1

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The	nstruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
FILER NAME	Mark Jones		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (I		7 Amount of contribution (\$)
-18-22	Darlis Cummings. 6 Contributor address; City;	State; Zip Code	100,00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (IO#:)	Amount of contribution (\$)
1-20-22	Contributor address; City;	State; Zip Code	100 (30)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date ,		IO#:)	Amount of contribution (\$)
7-31-22	R.S., Ferguson Contributor address; City;	State; Zip Code	100' 📆
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		CID#:)	Amount of contribution (\$)
8-5-22	うなれるかな だった1er Contributor address; City;	State; Zip Code	100,00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)

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SCHEDULE A1

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The li	nstruction Guide explains how to complete this fo		1 Total pages Schedule A1:
FILER NAME		orm.	Total pages schedule A1.
	Mark Tones		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (IL	D#:)	7 Amount of contribution (\$)
-14-22	Patricia Sharmal. 6 Contributor address; City;	State; Zip Code	1 (00) =
Principal occup	ation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (fi	D#:)	Amount of contribution (\$)
-14-22	Contributor address; City;	State; Zip Code	100,00
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ns)
Date -14-22	Gerald Raines	D#:) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (I	ID#:)	Amount of contribution (\$)
-1-22	Contributor address; City;	State; Zip Code	100,00
	ation / Job title (See Instructions)	Employer (See Instruction	ons)

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SCHEDULE A1

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Date 5 Full name of contributor out-of-state PAC (ID#:	Commission Filers) ntribution (\$)
Date 5 Full name of contributor out-of-state PAC (ID#:	ntribution (\$) ひ てみ
Principal occupation / Job title (See Instructions) Pate Full name of contributor Out-of-state PAC (ID#:) Amount of contributor	٥ ٢ م
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contributor	
Date Full name of contributor out-of-state PAC (ID#:) Amount of contributor	ntribution (\$)
R. Link	ntribution (\$)
Ray Wolf	
7-14-22 Contributor address; City; State; Zip Code 100'	US Ra
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of co	ntribution (\$)
7-14-22 Contributor address; City; State; Zip Code 100	, ৩০ 文 _x
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
	entribution (\$)
7-14-22 Contributor address; City; State; Zip Code	DO Tax
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
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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 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
7-14-22	6 Contributor address; City;	State; Zip Code	100,00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	0 1	(ID#:)	Amount of contribution (\$)
7-14-22	Contributor address; City;	State; Zip Code	100,00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	îons)
Date	Full name of contributor oul-of-state PAC	(ID#:)	Amount of contribution (\$)
7-14-22	Sherry + Dale Pose Contributor address; City;	State; Zip Code	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Principal occup	 pation / Job title (See Instructions)	Employer (See Instruct	lions)
Date		⟨ (ID#:)	Amount of contribution (\$)
7-14-22	K 冬 I 仏	State; Zip Code	# 100 ° Zx
Principal occup	 pation / Job title (See Instructions)	Employer (See Instruct	tions)

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if the requested information is not applicable, bo NOT include this page in the report.				
The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1:	
2 FILER NAME	Marc Jones		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID:	#:)	7 Amount of contribution (\$)	
7-14-22	6 Contributor address; City;	State; Zip Code	100, 20	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (iD	#:)	Amount of contribution (\$)	
7-14-22	Allen Crozier Contributor address; City;	State; Zip Code	100,00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID	#:	Amount of contribution (\$)	
7-14-22	Contributor address; City;	State; Zip Code	1 100,00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC {ID)#:)	Amount of contribution (\$)	
7-14-22	Robert Morerke Contributor address; City;	State; Zip Code	100,00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	

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SCHEDULE A1

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ii the reques	ted information is not applicable, DO NOT include this	s page in the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Marc Toros	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
7-7-22	Mitchell Hoffman 6 Contributor address; City; State;	
Principal occu	pation / Job title (See Instructions) 9 Emplo	yer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
1-7-22	Debbie Austin Contributor address; City; State;	
Principal occup	ation / Job title (See Instructions) Emplo	yer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
7-7-22	Duffy Kohlhoff Contributor address; City; State;	
Principal occup	pation / Job title (See Instructions) Emplo	l yer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
7-4-22	Johnathon Blackstone Contributor address; City; State;	Zip Code
Principal occup	pation / Job title (See Instructions) Emplo	yer (See Instructions)

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SCHEDULE A1

	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Mark Jares	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
-14-22	6 Contributor address; City; State; Zip Code	# 60'00 Xa
Principal occu	pation / Job title (See Instructions) 9	lions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
-14-22	Contributor address; City; State; Zip Code	1 60,00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	iions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
-20-22	Contributor address; City; State; Zip Code	12.00°
Principal occu	pation / 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	80,00
-14-22		

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1;	
2 FILER NAME	Maric Tones	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	
7-14-22	Ann Dorman 6 Contributor address; City; State; Zip Cod		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (Se	e Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
7-14-22	Contributor address; City; State; Zip Co		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
7-14-22	Contributor address; City; State; Zip Co.	de 50' Za	
Principal occup	Dation / Job title (See Instructions) Employer (See	ee Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
9-8-22	Brenda Harper Contributor address; City; State; Zip Con	50 · x	
Principal occup	pation / Job title (See Instructions) Employer (Se	ee Instructions)	

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The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME	Mark tones		3 Filer ID (Ethics Commission Filers)
4 Date		D#:)	7 Amount of contribution (\$)
7-8-22	Ron Dun Kin 6 Contributor address; City;	State; Zip Code	109.34
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date		D#:)	Amount of contribution (\$)
J-J-5 7	Sand: Ellen Contributor address; City;	State; Zip Code	109.34
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
7-14-22	Daniel Segare. Contributor address; City;	State; Zip Code	950.30
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (D#:)	Amount of contribution (\$)
7-14-22	Contributor address; City;	State; Zip Code	1 50 W
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

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2 FILER NAME	Mark Jones		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	<u> </u>	7 Amount of contribution (\$)
9-17-22	6 Contributor address; City; State	te; Zip Code	\$ 215.44
8 Principal occur	pation / Job title (See Instructions) 9 E	mployer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
7-9-22	Contributor address; City; Sta	te; Zip Code	\$ 218.68
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
7-10-22	Contributor address; City; Sta	le; Zip Code	\$ 218.68
Principal occup	pation / Job title (See Instructions)	mployer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)
7-13-22	Maria Pulis Contributor address; City; Sta	ite; Zip Code	218.68
Principal occupation / Job title (See Instructions)		Employer (See Instruct	ions)

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The	Instruction Guide explains how to complete this f	orm.	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 (I CONTRIBUTOR Out-of-state	ID#:) State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date AUN	Full name of contributor Out-of-state PAC (State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date 913	Full name of contributor out-of-state PAC (W Cole Chinge Web Contributor address; City;		Amount of contribution (\$)
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor Ston by Golod Zely Contributor address; Col Clark Core Buds	State; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instruct	ions)

SCHEDULE A1

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ii tile reques	sted information is not applicable, be not in		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	MARC JONES		3 Filer ID (Ethics Commission Filers)
4 Date (30 20 20 8 Principal occur	Gary Germer	State; Zip Code Ty (2 (2 (2)) 9 Employer (See Instruct	7 Amount of contribution (\$)
Date	Full name of contributor Contributor address; Contributor address; City;	State: Zip Code Difficulty 78619	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date 7-14 2022	Full name of contributor Brian Oyle Contributor address; City; SOZ Pine Sirkin Bude	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	lions)
Date 7 14 7022	Full name of contributor Contributor address; City; Contributor 30 Bude	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

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ii die requestes intermatien te net spipment, a a se a pro-	•
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 Full name of contributor Out-of-state PAC (ID#:	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor Out-of-state PAC (ID#:) BYALL & GYES HOLD Contributor address; City; State; Zip Code PO BOX 1/48 Dypyy TX 78 620 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$)
Date Full name of contributor Out-of-state PAC (ID#) Thomas Contributor address; City; State; Zip Code Bude 74 + 16 (O Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$)
Date Full name of contributor Full name of contributor Contributor address; City: State; Zip Code Tall Oaks To Anthor 78737	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
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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 2002	5 Full name of contributor Sue Schmidt 6 Contributor address; City; State; Zip Code 3597 Schuelle Kyle TV 78640	7 Amount of contribution (\$)
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
Date TO Principal occup	Full name of contributor Solvet Contributor address; City; State; Zip Code Luck Luck Luck Luck Luck Luck Luck Luck	Amount of contribution (\$)
Date Thomas in the second sec	Full name of contributor Out-of-state PAC (ID#:) Contributor address; City; State; Zip Code 1340 Lole Thre Frichiad TX 78669	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date A Principal occup	Full name of contributor Out-of-state PAC (ID#:) October Contributor address; City; State; Zip Code A A A A A A A A A A A A A A A A A A A	Amount of contribution (\$)
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2 FILER NAME	Mark Jones		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID/	#:	7 Amount of contribution (\$)
4-8-22	Donne Co.X 6 Contributor address; City;	State; Zip Code	1 200,00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructio	ns)
Date	Full name of contributor out-of-state PAC (ID)	#)	Amount of contribution (\$)
7-14-22	Ken Stranger Contributor address; City;	State; Zip Code	\$ 250' \times
Principal occup	pation / Job title (See Instructions)	Employer (See Instructio	ns)
Date	Full name of contributor out-of-state PAC (ID:	#:)	Amount of contribution (\$)
7-14-22	Lon Shell Contributor address; City;	State; Zip Code	1 250,00
Principal occuj	pation / Job title (See Instructions)	Employer (See Instructio	ns)
Date	_	#:	Amount of contribution (\$)
7-14-22	P: x Hっwᇵ() Contributor address; City;	State; Zip Code	250 ′交x
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ins)

SCHEDULE A1

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ii iile reques	ted information is not applicable, BO NOT metad	e tino page in the i	
The	Instruction Guide explains how to complete this form	n.	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 (ID#:)	7 Amount of contribution (\$)
7-14-22	6 Contributor address; City; SI		250100
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#;		Amount of contribution (\$)
7-20-22	Contributor address; City; S		250 \ \(\frac{1}{\times_{x}}\)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#	}	Amount of contribution (\$)
7-20-22	Grian Williams Contributor address; City; S	tate; Zip Code	1 250,00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
7-20-22	Contributor address; City; S	itate; Zip Code	1 250120 XX
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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2 FILER NAME	Mark tones		3 Filer (D (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
7-19-22	Enin Conzales 6 Contributor address; City;	State; Zip Code	1 250°×
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	•	(D#:)	Amount of contribution (\$)
7-16-22	Contributor address; City;	State; Zip Code	250100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	· (ID#:)	Amount of contribution (\$)
7-16-22	Seth Mearing Contributor address; City;	State; Zip Code	\$ 250' \(\frac{1}{\times_{\times}}\)
Principal occur	 pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	C (ID#)	Amount of contribution (\$)
7-16-22	Contributor address; City;	State; Zip Code	250, 30
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Mark tones	3 Filer 1D (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	
7-6-22	Keith McComb 6 Contributor address; City; State; Zip Code	160.59	
8 Principal occu	pation / Job title (See Instructions) 9	 structions	
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)	
7-11-22	Diana Boyd Contributor address; City: State; Zip Code	164,01	
Principal occup	pation / Job title (See Instructions) Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:	, integrated a serving district (4)	
7-6-22	John Pacheco Contributor address; City; State; Zip Code	164.01	
Principal occup	pation / Job title (See Instructions) Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
7-14-22	Jayna Love Contributor address; City; State; Zip Code	175.00	
Principal occup	pation / Job title (See Instructions) Employer (See In	istructions)	

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ii iiie reques	ted information is not applicable, DO NOT Inc	nude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Mark Jona		3 Filer ID (Ethics Commission Filers)
4 Date		(ID#:)	7 Amount of contribution (\$)
7-9-22	Bryse Bales 6 Contributor address; City;	State; Zip Code	\$ 200,00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
9-18-22	Greg Henry Contributor address; City:	State; Zip Code	\$ 200' \(\overline{\alpha}{\overline{\alpha}{\overline{\alpha}{\overline{\alpha}}}\)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
8-10-22	Joe + Lea Ann Ken Contributor address; City;	เมอราหา State; Zip Code	٩ 200 ٥٠٠
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
7-13-22	Michelle Romage- Contributor address; City;	Chambers State; Zip Code	200,50
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Mark Jones	3 Filer (D (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
7-11-22	Dawn Brunken hoefer 6 Contributor address; City; State; Zip Code	205,50
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
9-18-22	Colin Strother Contributor address; City; State; Zip Code	207.72
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	
9-14-22	Celeste Medulla Contributor address; City; State; Zip Code	209·34 XX
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
7-4-22	Contributor address; City; State; Zip Code	·· 213.80
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ructions)

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2 FILER NAME	Mark Jone	2S	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (iD:	#:)	7 Amount of contribution (\$)
_	Jessica Bedwell		213.80
7-10-22	6 Contributor address; City;	State; Zip Code	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	tions)
Date)#)	Amount of contribution (\$)
6-29-22	John Fowler Contributor address; City;	State; Zip Code	1 213,80
Principal occu	 pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (ID		Amount of contribution (\$)
7-7-22	Eri'n Gunzales Contributor address; City;	State; Zip Code	213180 Xx
Principal occu	Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID	0#:)	Amount of contribution (\$)
7-4-22	Bベイタベル けつIIIs Contributor address; City;	State; Zip Code	213:80
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 7-7-22 Principal occu Date	Full name of contributor out-of-state PAC (ID Erin Gunzaless Contributor address; City; pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID Baraare Holls Contributor address; City;	State; Zip Code Employer (See Instruct State; Zip Code Employer (See Instruct	Amount of contribution (\$) 213,80 Amount of contribution (\$) Amount of contribution (\$)

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2 FILER NAME	Mark Jan	05	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (IDI		7 Amount of contribution (\$)
7-11-22	Clayton Huckaby 6 Contributor address; City;	State; Zip Code	\$ 213'80 \$\overline{\pi_x}\$
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID:	#:)	Amount of contribution (\$)
7-6-22	Sharon Hudson Contributor address; City;	State; Zip Code	213.80
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID:	#:)	Amount of contribution (\$)
7-1-22	Stephen Jones Contributor address; City;		213 家
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of contribution (\$)
7-10-22	Lisa Leal - Tate Contributor address; City;	State; Zip Code	\$ 213.80
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)

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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Mark Janes	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
-2-12	Tim Dowling. 6 Contributor address; City; State; Zip Code	215. 47
Principal occu	pation / Job title (See Instructions) 9 Employer (See In	structions)
Date	Full name of contributor out-of-state PAC (iD#:	Amount of contribution (\$)
-11-22	Contributor address; City; State; Zip Code	215,44
Principal occup	pation / Job title (See Instructions) Employer (See In	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	
-14-22	Contributor address; City; State; Zip Code	215.77
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
-14-22	Contributor address; City; State; Zip Code	215, 44
Principal occu	pation / Job title (See Instructions) Employer (See In	nstructions)
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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Mark Tones	3 Filer ID (Ethics Commission Filers)
Date -13 - 22	5 Full name of contributor out-of-state PAC (ID#:	
Principal occu	pation / Job title (See Instructions) 9 Employer (See	ee Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
1-17-22	Richard Alvarez Contributor address; City; State; Zip Ci	ode 215, 44
Principal occup	eation / Job title (See Instructions) Employer (See	ee Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
1-17-22	Ginger Berdeau Contributor address; City; State; Zip Co	215.44
Principal occup	pation / Job title (See Instructions) Employer (S	lee Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
1-13-22	Contributor address; City; State; Zip Co	215 44
Principal occu	pation / Job title (See Instructions) Employer (S	Gee Instructions)

SCHEDULE A1

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ii the reques	ted information is not applicable, bo 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 tones	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
8-7-22	Denny & Nell Whitehouse 6 Contributor address; City; State; Zip Code	150,00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
7-14-22	Contributor address; City; State; Zip Code	154.34
Principal occuj	Dation / Job title (See Instructions)	uctions)
Date 7 - 14 - 22	Full name of contributor but-of-state PAC (ID#:	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
9-17-22	Contributor address; City; State; Zip Code	Xa
Principal occu	pation / Job title (See Instructions) Employer (See Instru	uctions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME	Mark Tons		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC		7 Amount of contribution (\$)
-26-22	6 Contributor address; City;	State; Zip Code	150'X
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
-18-22	Contributor address; City;	State; Zip Code	9 150 100
Principal occup	 pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		C (ID#:)	` ′
-30-22	Contributor address; City;	State; Zip Code	150.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	l ctions)
Date		C (ID#:)	Amount of contribution (\$)
-30-22	Stephen Tracger Contributor address; City;	State; Zip Code	150.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)

SCHEDULE A1

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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 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
7-18-22	Kasey Mock 6 Contributor address; City;	State; Zip Code	# 150°0°	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date		(ID#:)	Amount of contribution (\$)	
9-18-22	Michael Moser Contributor address; City;	State; Zip Code	15000	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
8-18-22	Steph! Motal Contributor address; City;	State; Zip Code	150'30	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC	,	Amount of contribution (\$)	
9-18-22	Contributor address; / City;	State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				

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SCHEDULE A1

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2 FILER NAME 3 Filer	pages Schedule A1: ID (Ethics Commission Filers) unt of contribution (\$)		
4 Date 5 Full name of contributor out-of-state PAC (ID#:			
214 Sayan Clyne	unt of contribution (\$)		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)			
Date Full name of contributor Out-of-state PAC (ID#:) Amo Contributor address; City; State; Zip Code	unt of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date Full name of contributor Out-of-state PAC (ID#:	unt of contribution (\$)		
Date Full name of contributor Out-of-state PAC (ID#) Amo Contributor address; City; State; Zip Code	unt of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
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SCHEDULE A1

Date 5 Full name of contributor out-of-state PAC (ID# 7 Amount of contribution (\$) 1	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	FILER NAME	Mark Jones		3 Filer ID (Ethics Commission Filers
Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:		1		* *
Date Full name of contributor Out-of-state PAC (ID#	1-6-22	Marielle Mc-Coy 6 Contributor address; City,	State; Zip Code	109.34
Alaina Montes Contributor address; City: State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Many Pat Paul Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ltions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
Date Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) Many Pat Paul Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)	-7-22			1109.34
Many Pat Paul Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ttions)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
	1-6-22	Many Pat Paul Contributor address; City;	State; Zip Code	109.34
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	l ctions)
Dale Poser \$ 1, 34	Date		C (ID#:)	Amount of contribution (\$)
-7-22 Contributor address; City; State; Zip Code	-7-22		State; Zip Code	7/09.77
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	Letions)

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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 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	
7-11-22	Mike Pruitt 6 Contributor address; City; State; Zi	109,34	
8 Principal occu	pation / Job title (See Instructions) 9 Employe	er (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
7-6-22	David Puryear Contributor address; City; State; Z	ip Code 109.34	
Principal occup	eation / Job title (See Instructions) Employe	r (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
7-14-22	Brithey Richey Contributor address; City; State; Z	ip Code 109.34	
Principal occup	Employe	er (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
6-29-22	Lawrence Schaubhut Contributor address; City; State; Zi	p Code 109.34	
Principal occup	pation / Job title (See Instructions) Employe	er (See Instructions)	

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2 FILER NAME	Mark Jones	3 Filer ID (Ethics Commission Filers)		
4 Date (1) (1) (2)	Full name of contributor Out-of-state PAC (ID#:	7 Amount of contribution (\$) Code		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
Soll	Contributor address; City; State; Zip	Code		
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)		
Date (7-3)	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date Therefore	Full name of contributor Out-of-state PAC (ID#: Contributor address; City; State; Zip (
Principal occu	pation / Job title (See Instructions) Employer ((See Instructions)		
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2 FILER NAME	Mark Ju		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
10-6-22	6 Contributor address; City;	State; Zip Code) (20, Š,
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
8-30-22	Vincent Lecca Contributor address; City;	State; Zip Code	\$ 150' =
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC		, and direct continuous (4)
7-14-22	T Marrow Contributor address; City;	State; Zlp Code	\$ 150' \frac{\sigma}{\text{XQ}}
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
9-18-22	Larry Miller Contributor address; City;	State; Zip Code	1501.37
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
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The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:	
2 FILER NAME	Marc jor	US	3 Filer ID (Ethics Commission Filers)
4 Date		(ID#:)	7 Amount of contribution (\$)
9-19-22	6 Contributor address; City;	State; Zip Code	15000
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	iions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
8-2-22	Raphael Guerrers Contributor address; City;	State; Zip Code	\$ 150'93
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ilons)
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
9-19-22	Daniel Guerrero Contributor address; City;	State; Zip Code	150.50
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
9-4-22	Contributor address; City;	State; Zip Code	1501.30
Principal occupation / Job title (See Instructions)		Employer (See Instruc	tions)

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Maric Jones	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	
7-14-22	Chris Dっdson 6 Contributor address; City; State; Zip Code	120,00	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	uctions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
7-13-22	Sylvia + Allen Coffey Contributor address; City; State; Zip Code	\$ 150° \(\sigma_{\sigma} \)	
Principal occup	pation / Job title (See Instructions) Employer (See Instr	ructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
9-18-22	Paul Daugereau Contributor address; City; State; Zip Code	# 150. US	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ructions)	
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)	
9-26-22	Contributor address; Donnelly State; Zip Code	\$ 150.00	
Principal occup	pation / Job title (See Instructions) Employer (See Inst	ructions)	

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The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME	Mark Jon	es	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
7-8-12	Matthew Smith 6 Contributor address; City;		109.34	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
7-8-22	Ronnie Strain Contributor address; City;	State; Zip Code	109.34	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
7-1-22	Contributor address; City;	State; Zip Code	109.34	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC Christina Trevina Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	

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2 FILER NAME	Marc Jones		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID)#:)	7 Amount of contribution (\$)	
7-9-22	6 Contributor address; City;	State; Zip Code	1109.34	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of contribution (\$)	
7-12-22	Contributor address; City;	State; Zip Code	\$ 109.34	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date		D#:)	Amount of contribution (\$)	
7-1-22	Loren Wilber Contributor address; City;	State; Zip Code	109.34	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor ont-of-stata PAC (IE	D#:)	Amount of contribution (\$)	
7-8-22	Contributor address; City;	State; Zip Code	109.34	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				

SCHEDULE A1

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The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME	Marc Jan	0)	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC ((D#:)	7 Amount of contribution (\$)
7-2-22	Susan Mª Neight. 6 Contributor address; City;	State; Zip Code	\$ 109.37 \$\overline{\times_x}\$
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
6-29-22	Contributor address; City;	State; Zip Code	91 109.37 XX
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
7-9-22	Ellie Warmington Contributor address; City;	State; Zip Code	\$ 109.37 XX
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
9-18-22	Selena Alvarez Contributor address; City;	State; Zip Code	\$ 120.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

SCHEDULE A1

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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 Full name of contributor COVI Coul-of-state PAC Coul-of-state PAC City;	(ID#:) State; Zip Code	7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
1.01 2022	Full name of contributor Out-of-state PAC Butter Contributor address; City;	(ID#:) CCCCC State; Zip Code	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date 7/13	Metody Burn 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 Out-of-state PAC	(ID#:) State; Zip Code	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
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2 FILER NAME	Mark Jones		3 Filer ID (Ethics Commission Filers)
4 Date O () B Principal occur	5 Full name of contributor out-of-state PAC Third 6 Contributor address; City;		7 Amount of contribution (\$)
		J Employer (Gee medical)	0113,
Date · ·	Eullname of contributor	(ID#) (I)	Amount of contribution (\$)
202	Contributor address; City;	State; Zip Code	109,54
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor Out-of-state PAC Bayout Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 30	Full name of contributor Out-of-state PAC Contributor address; City;	(lib#:) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)

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SCHEDULE A1

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The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME	Mark Jores		3 Filer ID (Ethics Commission Filers)
4 Date 6.30 7022	5 Full name of contributor out-of-state PAC (I MINEL CONTINUE 6 Contributor address; City;	o#:) State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 9/12 1012	Shavi Baue/ Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date TAY TAY	Michalle Lopea	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Kylstin Selbel	0#:) State; Zip Code	Amount of contribution (\$)
2000	Contributor address; City;	State, 2lp Cude	107.72
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Marc whes		3 Filer ID (Ethics Commission Filers)
4 Date 0 101 2 022	5 Full name of contributor EATH Ualadet 6 Contributor address; City;	(ID#:) State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
7-10 2012	Full name of contributor out-of-state PAC COVOLY M White St	State; Zíp Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date \$30 W	Alox Zavah	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date TH TH	Full name of contributor out-of-state PAC RICE TIMEN W Contributor address; City;		Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
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2 FILER NAME Mark Junes	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor Out-of-state PAC (ID#:) SQM SCHULM Q 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor Out-of-state PAC (ID#:) Childy Specific City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
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)	tions)
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)	tions)

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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)	
TOTAL	5 Full name of contributor out-of-state PAC (ID#:) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	
B Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Date 0/12	Full name of contributor Out-of-state PAC (ID#) Pictorious Contributor address; City; State; Zip Code	Amount of contribution (\$)	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)	
Date 1-19 2022	Full name of contributor Contributor address; City; State; Zip Code	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date T-11	Full name of contributor Out-of-state PAC (ID#:) ACOM SCHVANA+ Contributor address; City; State; Zip Code	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)	
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SCHEDULE A1

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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)	
Date TUZ 8 Principal occur	Full name of contributor Out-of-state PAC (ID#:) Contributor address; City; State; Zip Code pation / Job title (See Instructions) 9 Employer (See Instruc	/00	
Date Q. X. V. V.	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 G.J.	Full name of contributor DGVID MQID/UM Contributor address; City; State; Zip Code	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)	
Date Y/3 2022	Full name of contributor Out-of-state PAC (ID#) Contributor address; City; State; Zip Code	Amount of contribution (\$)	
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	ctions)	

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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 Jone.)	3 Filer ID (Ethics Commission Filers)	
4 Date 7 70 202	5 Full name of contributor out-of-state PAC	State; Zip Code	7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date TH UT	Full name of contributor out-of-state PAC	State; Zip Code	Amount of contribution (\$)	
Principal occup	oation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date 4-30	Samuel Comment of the	(ID#:) State; Zip Code	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date 8/3/	Full name of contributor out-of-state PAC CI Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$)	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)	

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SCHEDULE A1

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The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
2 FILER NAME	Mark Jones		3 Filer ID (Ethics Commission Filers)
4 Date 919 102		State; Zip Code	7 Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 7 14 White Whit	Kristen Hale	State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
0ate 8 - 10 20 72	Lisa Adams	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 8 - 3 \	Full name of contributor out-of-state PAC (Thomas Sybun Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
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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 J	Ones		3 Filer ID (Ethics Commission Filers)
4 Date 7/3 202	5 Full name of contributor 4 4 4 6 Contributor address;	out-of-state PAC	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See I	nstructions)
Date 1,9	Full name of contributor Contributor address;	out-of-state PAC N a H S	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)		Employer (See II	nstructions)
Date TAR	Full name of contributor (((((((((((((((((((out-of-state PAC	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)		Employer (See li	nstructions)
Date 7 14 202	Full name of contributor Aughtiv Contributor address;		(ID#: State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See I	nstructions)
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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 Full name of contributor Out-of-state PAC (ID#:) A (7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Date 1.3	Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)	
Date	Full name of contributor out-of-state PAC (ID#:) Roy Love L Contributor address; City; State; Zip Code	Amount of contribution (\$)	
Principal occuj	pation / Job-title (See Instructions) Employer (See Instructions)	tions)	
Date	Full name of contributor Lachey Hell Contributor address; City; State; Zip Code 3/0/0/0/0/0/0/0/0/0/0/0/0/0/0/0/0/0/0/	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)	

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SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Mark Johns		3 Filer ID (Ethics Commission Filers)
4 Date 7 0 7	5 Full name of contributor out-of-state PAC A Contributor address; City;	(ID#:) State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date The second	Full pame of contributor Poul-of-state PAC Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date The second	Full name of contributor Out-of-state PAC Could Coul	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date Line Line Line Line Line Line Line Li	Full name of contributor out-of-state-PAC Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occur	ation / Job title (See Instructions)	Employer (See Instruct	ions)

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SCHEDULE A1

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in the requested information is not applicable, be 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)			
5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ructions)			
Date Full name of contributor Out-of-state PAC (ID#	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions) Employer (See Instructions) St. (
Date Full name of contributor On No. 10 Contributor address; City; State; Zip Code	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions) Employer (See Instr	ructions)			
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)			
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SCHEDULE A1

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	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 Full name of contributor out-of-state PAC (ID#:	, a
	2022	6 Contributor address; City; State;	Zip Code 5 4, 6 7
8	Principal occu	pation / Job title (See Instructions) 9 Emp	loyer (See Instructions)
	Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	7-14	Contributor address; City: State;	zip Code 54,6 +
	Principal occup	ation / Job title (See Instructions) Emp	loyer (See Instructions)
,	13 213 W 22	Full name of contributor Contributor address; out-of-state PAC (ID#:	Zip Code Amount of contribution (\$)
	Principal occup	eation / Job title (See Instructions) Emp	oloyer (See Instructions)
	Date 7 /- 202	Full name of contributor out-of-state PAC (ID#: Terror Let Contributor address; City; State;	Amount of contribution (\$) Zip Code
	Principal occup	ation / Job title (See Instructions) Emp	oloyer (See Instructions)
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SCHEDULE A1

in 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	Mak Jones		3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor SVEW 6 Contributor address; Out-of-state PAC SVEW City;	7 Amount of contribution (\$)					
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)				
Date JS- 2022	Full name of contributor out-of-state PAC RUSE RUKE Contributor address; City;	Amount of contribution (\$) State; Zip Code Amount of contribution (\$)					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)					
Date 7 1 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Full name of contributor out-of-state PAC	(ID#:) State; Zip Code	Amount of contribution (\$)				
Principal occu	I pation / Job title (See Instructions)	Employer (See Instruc	tions)				
Date The state of	Full name of contributor out-of-state PAC Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$)				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)					

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SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2 FILER NAME	Mark Jonos	3 Filer ID (Ethics Commission Filers)			
4 Date 7 10 202	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(IDII:) State; Zip Code	7 Amount of contribution (\$)		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Travis Kaate	(ID#:) State; Zip Code	Amount of contribution (\$)		
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	lions)		
Date 1 4	Full name of contributor out-of-state PAC Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$)		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)			

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SCHEDULE A1

it the reques	ted information is not applicable, DO NOT inc	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME	Mark Jones		3 Filer ID (Ethics Commission Filers)
Pate	5 Full name of contributor Out-of-state PAC Contributor address; City;	(ID#:) State; Zip Code	7 Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 1	Full name of contributor out-of-state PAC Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occup	etion / Job title (See Instructions)	Employer (See Instruc	tions)
Date 1 1 1	Full name of contributor out-of-state PAC	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / 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 occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
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The requested information to not applicable, Do Not include and page in the report.							
The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:							
2 FILER NAME	Mayle Jones		3 Filer ID (Ethics Commission Filers)				
4 Date 913 202	5 Full name of contributor Out-of-state PAC State; Zip Code	7 Amount of contribution (\$)					
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)				
Date 9-23	25	(ID#) いい) State; Zip Code	Amount of contribution (\$)				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)					
Date OLV DOV	Carol Winkler Contributor address; City;	State; Zip Code	Amount of contribution (\$)				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	uons)				
Date J ()	Full name of contributor out-of-state PAC GEOHAVY TGNUGNY Contributor address; City;		Amount of contribution (\$)				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)				
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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.							

SCHEDULE A1

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***************************************	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:							
2	FILER NAME	Mark stones	3 Filer ID (Ethics Commission Filers)					
8	Date 9-18- 2022 Principal occu	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)					
	Date 7.24-	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)								
0	119 202	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)					
	Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)					
	19 19	Full name of contributor Ondes Contributor Contributor address; City; State; Zip Code	Amount of contribution (\$)					
	Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)					

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SCHEDULE A1

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if the requested information is not applicable, bo Nor include this page in the report.							
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:					
2 FILER NAME	Maketones		3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PAC 6 Contributor address; City;	7 Amount of contribution (\$)					
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)				
Date Q.23 202	Full name of contributor out-of-state PAC	(IO#:) State; Zip Code	Amount of contribution (\$)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
Date	()	(ID#:) State; Zip Code	Amount of contribution (\$)				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)					
Date 7 / 18 / 12 / 12 / 12 / 12 / 12 / 12 / 12	Full name of contributor out-of-state PAC	(ID#:) State; Zip Code	Amount of contribution (\$)				
Principal occup	oation / Job title (See Instructions)	Employer (See Instruct	ions)				

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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:				
2 FILER NAME	Mark Junes	3 Filer ID (Ethics Commission Filers)				
4 Date	Full name of contributor Out-of-state PAC (ID#:					
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)				
Date 7,1422	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip					
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Pate 8 30 2	Full name of contributor out-of-state PAC (ID#:					
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)				
Date AU AU	Full name of contributor out-of-state PAC (ID# Contributor address; City; State; Zip C	T 66				
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)				

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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	1 Total pages Schedule A1:				
2	FILER NAME	Mark Jones		3 Filer ID (Ethics Commission Filers)			
4	Date 422 2022	5 Full name of contributor out-of-state PAC (JGNN9 C9H 6 Contributor address; City;	7 Amount of contribution (\$)				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)			
6	Date 7.26- 2022	Mac Cutter	(i0#:) State; Zip Code	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
9	Date NS	Full name of contributor out-of-state PAC (O	(IO#) \$\langle \langle \l	Amount of contribution (\$)			
	Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)			
>	Date	Full name of contributor out-of-state PAC (C) SUM Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$)			
	Principal occupation / Job title (See Instructions) Employer (See Instructions)						
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	If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.								
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:							
2 FILER NAME	Mar Jones	3 Filer ID (Ethics Commission Filers)						
4 Date	5 Full name of contributor out-of-state PAC (ID#:) ON AMAC 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)						
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)						
- Date	Richad Anhvey Contributor address; City; State; Zip Code	Amount of contribution (\$)						
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)						
Date 214-22	Full name of contributor out-of-state PAC (ID#:) By LH BGY LY Contributor address; City; State; Zip Code	Amount of contribution (\$)						
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)						
Date 7,7,72	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)								
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LOANS

SCHEDULE E

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

If the requested information is not applicable, bo Not include this page in the report.								
The I	The Instruction Guide explains how to complete this form. 1 Total pages Schedule E:							
2 FILER NAME	Mark Jones		3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UN	ITEMIZED LOANS		\$					
5 Date of loan	7 Name of lender out-of-state P	PAC (ID#:)	9 Loan Amount (\$)					
6 Is lender a financial Institution? Y N	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date					
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)						
14 Description of Coll.	ateral	Check if personal fundaccount (See Instruction	ls were deposited into political ons)					
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)					
not applicable	18 Guarantor address; City;	State; Zip Code						
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)						
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)					
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate					
Institution?			Maturity date					
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)						
Description of Coll	ateral	Check if personal funds were deposited into political account (See Instructions)						
GUARANTOR INFORMATION	Name of guarantor]	Amount Guaranteed (\$)					
not on the best	Guarantor address; City;	State; Zip Code						
not applicable Principal Occupati	ion (See Instructions)	Employer (See Instructions)						
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidete/Officeholder/Political Committee

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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

Revised 8/17/2020

Candidete/Officeholder/Political	al 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 N	AME Mark	Jones	,	3 Filer ID (Ethic:	s Commission Filers)
4 Date 9 -36-22	5 Payee na	ime TX Stake	College	e Repub	, /cc/U	
6 Amount (\$)	7 Payee ac	ldress; ^f		City;	State;	Zip Code
8	(a) Categor	y (See Categories listed at the to	p of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Cor	markahin/1	2ndi	Donah		
***************************************	(c)	Check if travel outside of Texas. Con	mplete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date 9-30-22	Payee na	Jennifer	Storn	^		
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
	Category	(See Categories listed at the top	of this schedule)	Description		
PURPOSE OF EXPENDITURE	Cov	want lok)6/			
	Check if travel outsida of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date VIII	Payee na		262			
Amount (\$) 1729, 46	Payee ad	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top	o of this schedule)	Description		
į		Check if travel outsida of Texas. Co	mplete Schedule T.	Check if Austir	n, TX, officeholder living	g expanse
Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Transportation Equipment & Related Expense Travel In District Travel Out Of District

Solicitation/Fundraising Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries∙M The Instruction Guide explains how to c	/ages/Contract Labor	Other (enter a category not listed above)	
1 Total pages Schedule F1:	- Land Control of the	5	3 Filer ID (Ethics Commission Filers)	
4 Date 1522	5 Payee name Helias Cass	Alde	· 40 / 1	
2 10 %	7 Payee address;	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	er Breskfist	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
S16-22	Payee name Hays CISD			
Amount (\$) 250	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Coth W	Program	
	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/OF	Candidate / Officeholder name	Office sought	Office held	
8/(6-2.2	Payee name Budy Vu Ag			
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Table	o Spandor	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rentel Expense Politing Expense Printing Expense Selectes Manager (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (extern restaurance)

Candidate/Officeholder/Politica	, thung an	pense ages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Ma/C Jone		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name CANVA		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Moterill
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Auslin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held
Date 8-2622	Payee name SHOW Mule		
Amount (\$) 238,68	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description LGbl	
	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 46.22	Payee name ASE STIND AGE	hich	
Amount (\$) 7227	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printing EXP	Sign	5
	Check if travel outside of Texas, Complete Schedule T.	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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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

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Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 (onter a category policited phose)

Revised 8/17/2020

Candidate/Officeholder/Politica Credit Card Payment		/ages/Contract Labor	Other (enter a category not listed above)	
4.7.6	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Mark Jons	<u>e</u> 5	3 Filer ID (Ethics Commission Filers)	
4 Date 9-13-22	5 Payee name Scirch Miller	,		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contract Cahor	Uol.	Coordinate	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Dale 7-16-27	Payee name UG Ma/T			
Amount (\$) \$,5,10	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description S W W W W W W W W W W W W W W W W W W		
	Check if trayel outside of Texas. Complete Schedule T.			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
9-1622	Payee name Bot Barn			
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Office Overl Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense t
	The Instruction Guide explain	s how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME MALE	SBING		3 Filer ID (Ethics	Commission Filers)
4 Date / (6.7)	5 Payee name Buda Rin	ナ・ナ	Ship		
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this	schedule)	(b) Description	ý	
PURPOSE OF EXPENDITURE	Binting		Mostr	195	A STATE OF THE STA
	(C) Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought		Office held
Date 9-18-22	Payee name ### ################################		m,		
Amount (\$)	Payee address;		City;	State;	Zip Code
	Category (See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	JY3 trayons				
	Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name		Office sought		Office held
Date	Payee name	01	ALVA TITLE		
9-2022	Meridian C	offe	eQ_		
Amount (\$)	Payee address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this s	chedule)	Description		

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

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Office sought

Check if Austin, TX, officeholder living expense

Office held

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a) nt Expense Loan Repayment/Reimbursement

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Mernorials 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)

Candidate/Officeholder/Politica	, and the state of	s/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 MAUK JOME	Ś	3 Filer ID (Ethics Commission Filers)	
4 Date 9 21 22	5 Payee name Bude Priv	7+		
35708	7 Payee address;	City;	State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Pintry	Med	etal	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held	
Date 9/222	Payee name Nosotros La	Gente		
Amount (\$)	Payee address;	Cíty;	State; Zip Code	
[00 0)				
	Category (See Categories listed at the top of this schedule)	Description	}	
PURPOSE OF EXPENDITURE	Contribation	Den	ation	
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
9-29-22	Payee name Miss Red			
Amount (\$)	Payee address;	City;	State; Zip Code	
1 85				
	Category (See Categories listed at the top of this schedule)	Description	à.	
PURPOSE OF EXPENDITURE	Food Exp	Food		
	Check if travel outside of Texas. Complete Schedule T	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
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SCHEDULE F1

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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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name City; State; Zip Code 6 Amount (\$) 7 Payee address; (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF **EXPENDITURE** Check if !rave| outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date incent Lecca City; State: Zip Code Amount (\$) Payee address; OU Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Texss FCU Amount (\$) City; Zip Code Payee address; State; Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

Office sought

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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expanse Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a rategory not listed eboye)

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 Jon	25	3 Filer ID (Ethics Commission Filers)		
4 Date 7-29-22	5 Payee name Sunfield Elam 1	PTA			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
9 Complete ONLY if direct expenditure to benefit C/OF	(c) Check if travel outside of Texas. Complete ScheduleT. Candidate / Officeholder name	Office sought	TX, officeholder living expense Office held		
Date. 7-2-22	Payee name GUNNEY THAMES	Momor13	el Rodeo		
Amount (\$) 1300, cn	Payee address;	City;	State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	, those		
PURPOSE OF EXPENDITURE	Contribution	Show	sorshipps		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
8-15-22	Sunfield Elem P7	TA			
Amount (\$) 9 800	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this schedule)	Description	Sponsors hip		
	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overnoad/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 3 Filer ID (Ethics Commission Filers) 5 Payee name 6 Amount (\$) 7 Payee address: City; State: Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Tables & Chairs PURPOSE Event OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH City; State; Zip Code Payee address; Category (See Categories listed at the top of this schedule) Event EXP PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Amount (\$) City: State: Zip Code Pavee address: Category (See Categories listed at the top of this schedule) Description Event EXP **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expanse Check if travel outside of Texas, Complete Schedule T.

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Candidate / Officeholder name

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Office sought

Revised 8/17/2020

Office held

SCHEDULE F1

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	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Paymenl	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	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)
1 Total pages Schedule F1:	2 FILER NAME Mark JOY	1eS	3 Filer ID (Ethics Commission Filers)
4 Date 7-1-22	5 Payee name Color MiX		
6 Amount (\$) 776,47	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Printing Expense	(b) Description	Grs .
	(c) Check if travel outside of Texas. Complete Sch	nedute T. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
79-22	Payee name Ch/IC Gn CINO		
Amount (\$) 1258.85	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Description (III)	& Churl
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Ausl	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
7/11-22	Payee name Ama 700		
Amount (\$) 24,48	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Description Supplies	
	Check if Iravel outside of Texas, Complete Sci	neduleT Check if Aust	in, TX, officeholder living expense

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Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held