

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Mark	<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 150px;"> RECEIVED OCT 31 2022 </div>	
	NICKNAME LAST SUFFIX Jones		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE PO Box 982 Kyle, TX 78620 78640		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 517-2925		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Jennifer	Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
	NICKNAME LAST SUFFIX Storm		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 1491 Coldwater Hollow Buda TX 78610		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 549-4339		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 9 / 30 / 22 THROUGH 10 / 29 / 22		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other Description 11 / 8 / 22 General Special		
12 OFFICE	OFFICE HELD (if any) County Commissioner	13 OFFICE SOUGHT (if known) County Judge	
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL SPECIFIC	COMMITTEE NAME Hays County Republican Party		
	COMMITTEE ADDRESS 6000 W. FM 150 / P.O. Box 1806 Kyle, TX 78640		
	COMMITTEE CAMPAIGN TREASURER NAME Mary Pat Paul		
	COMMITTEE CAMPAIGN TREASURER ADDRESS 310 Springwood Rd. Dripping Springs, TX 78620		

GO TO PAGE 2

TX 78620

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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 27260
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 137,662.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 77,709.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6000

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

Mark Jones
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP

Sworn to and subscribed to by Mark Jones this the 31st day of October

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

Andrea Z. Espinoza Andrea Z. Espinoza Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <u>Mark Jones</u>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 27260
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 582.69
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 6000 ⁰⁰
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 137,662.23
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8/8

2 FILER NAME

Mark Jones

3 Filer ID (Ethics Commission Filers)

4 Date

10-3
2022

5 Full name of contributor

out-of-state PAC (ID# _____)

Nikelle Mesde

7 Amount of contribution (\$)

500

6 Contributor address;

City;

State;

Zip Code

5363 Austral Loop A TX 78739

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-20
2022

Full name of contributor

out-of-state PAC (ID# _____)

Jonathan Sead

Amount of contribution (\$)

800

Contributor address;

City;

State;

Zip Code

11940 Sollyville Rd A TX 78759

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-2
2022

Full name of contributor

out-of-state PAC (ID# _____)

Judy Tschette

Amount of contribution (\$)

1000

Contributor address;

City;

State;

Zip Code

124 Dreaming Maple San Marcos TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 78
2 FILER NAME Mark Jones		3 Filer ID (Ethics Commission Filers)
4 Date 10-20-22	5 Full name of contributor Amy Pouchet out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 1000
6 Contributor address; City; State; Zip Code 23006 Griffin Ck Spring TX 78660		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10-20-2022	Full name of contributor Liss Skeldon out-of-state PAC (ID# _____)	Amount of contribution (\$) 2500
Contributor address; City; State; Zip Code 4006 Green Oak Dr Waco TX 76710		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-10-2022	Full name of contributor Brenda Kise out-of-state PAC (ID# _____)	Amount of contribution (\$) 60⁰⁰
Contributor address; City; State; Zip Code 109 Via Verone Buda TX 78610		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-22-2022	Full name of contributor Debbie Austin out-of-state PAC (ID# _____)	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 436 Stagecoach Tr San Marcos TX 78666		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6/8

2 FILER NAME

Mark Jones

3 Filer ID (Ethics Commission Filers)

4 Date

10-17
2022

5 Full name of contributor

out-of-state PAC (ID# _____)

John Mshery

7 Amount of contribution (\$)

500

6 Contributor address;

City;

State;

Zip Code

2505 Allstun Ln ATX 78746

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-14
22

Full name of contributor

out-of-state PAC (ID# _____)

Thomas Lowe

Amount of contribution (\$)

500

Contributor address;

City;

State;

Zip Code

201 Ocote Mex Trl Liberty Hill TX 78642

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-12
2022

Full name of contributor

out-of-state PAC (ID# _____)

Jay Dickens

Amount of contribution (\$)

500

Contributor address;

City;

State;

Zip Code

5517C Dunbar Ln San Angelo TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-5
2022

Full name of contributor

out-of-state PAC (ID# _____)

Gery Farmer

Amount of contribution (\$)

500

Contributor address;

City;

State;

Zip Code

3148 Above Stratford ATX 78746

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <div style="text-align: center; font-size: 1.5em;">578</div>
2 FILER NAME <div style="font-size: 1.5em; text-align: center;">Mark Jones</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.5em;">10-13 2022</div>	5 Full name of contributor out-of-state PAC (ID# _____) <div style="font-size: 1.5em; text-align: center;">Zach Ryan</div>	7 Amount of contribution (\$) <div style="font-size: 2em; text-align: center;">250</div>
6 Contributor address; City; State; Zip Code <div style="font-size: 1.5em; text-align: center;">11420 Sundown Trl A TX 78739</div>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <div style="font-size: 1.5em;">10-13 22</div>	Full name of contributor out-of-state PAC (ID# _____) <div style="font-size: 1.5em; text-align: center;">Gail Whitfield</div>	Amount of contribution (\$) <div style="font-size: 2em; text-align: center;">250</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.5em; text-align: center;">1520 Ben Crenshaw Way A TX 78716</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <div style="font-size: 1.5em;">10-26 22</div>	Full name of contributor out-of-state PAC (ID# _____) <div style="font-size: 1.5em; text-align: center;">Rich Leisy</div>	Amount of contribution (\$) <div style="font-size: 2em; text-align: center;">500</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.5em; text-align: center;">2128 Saddlehorn Dr. Drip TX 78620</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <div style="font-size: 1.5em;">10-20 22</div>	Full name of contributor out-of-state PAC (ID# _____) <div style="font-size: 1.5em; text-align: center;">Peter Way</div>	Amount of contribution (\$) <div style="font-size: 2em; text-align: center;">500</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.5em; text-align: center;">5308 Ashbrook Hunter TX 77081</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 478
2 FILER NAME Mark Jones		3 Filer ID (Ethics Commission Filers)
4 Date 10-20-22	5 Full name of contributor out-of-state PAC (ID# _____) Chris Harkrider <hr/> 6 Contributor address; City; State; Zip Code 259 Lloyd Lane Dripping TX 78620	7 Amount of contribution (\$) 250
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 10-18-22	Full name of contributor out-of-state PAC (ID# _____) Daniel Campbell <hr/> Contributor address; City; State; Zip Code 4204 Wdhill Lane Austin TX 78759	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 10-16-22	Full name of contributor out-of-state PAC (ID# _____) Scott Flock <hr/> Contributor address; City; State; Zip Code 859 Castle Ridge A TX 78746	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 10-14-22	Full name of contributor out-of-state PAC (ID# _____) Ali Khataw <hr/> Contributor address; City; State; Zip Code 7914 BeeCoves A TX 78746	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2-8
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10-20 22	5 Full name of contributor HBA Home PAC out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code 8140 Exchange Dr Austin TX 78754	7 Amount of contribution (\$) 1000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10-20 2022	Full name of contributor Steven Wimbley out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 505 Deep Eddy Austin TX 78754	Amount of contribution (\$) 1000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-20 22	Full name of contributor William Smith III out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 200 Barton Creek Dr W TX 78620	Amount of contribution (\$) 1500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-20 22	Full name of contributor Charles Coleman out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 1012 Crestline Stream Lakeway TX 78738	Amount of contribution (\$) 750
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME

Mark Jones

3 Filer ID (Ethics Commission Filers)

4 Date

10-21-22

5 Full name of contributor

out-of-state PAC (ID# _____)

Pape Dawson PAC

7 Amount of contribution (\$)

1,000

6 Contributor address;

City;

State;

Zip Code

2000 NW Loop 410 San Antonio TX 78213

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-28-2022

Full name of contributor

out-of-state PAC (ID# _____)

Stanley & Kelly Kolodzey

Amount of contribution (\$)

10,000

Contributor address;

City;

State;

Zip Code

601 Clark Cove Bud 9 TX 78610

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-24-22

Full name of contributor

out-of-state PAC (ID# _____)

Seth Mearig

Amount of contribution (\$)

500⁰⁰

Contributor address;

City;

State;

Zip Code

4724 Pecan Chas Austin TX 78738

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-24-22

Full name of contributor

out-of-state PAC (ID# _____)

Mariss Grijalva

Amount of contribution (\$)

250⁰⁰

Contributor address;

City;

State;

Zip Code

303 Marfield Dr. Austin TX 78737

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages, Schedule A1: 3-8
2 FILER NAME Mark Jones		3 Filer ID (Ethics Commission Filers)
4 Date 10-20-22	5 Full name of contributor out-of-state PAC (ID# _____) Jeff Coffee <hr/> 6 Contributor address; City; State; Zip Code 3575 FM 967 Bude TX 78660	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10-10-22	Full name of contributor out-of-state PAC (ID# _____) Casey Beasley <hr/> Contributor address; City; State; Zip Code 825 Rander Club Dr Bude TX 78619	Amount of contribution (\$) 150
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-6-2022	Full name of contributor out-of-state PAC (ID# _____) Dix Howell <hr/> Contributor address; City; State; Zip Code PO Box 663 Wimber TX 78766	Amount of contribution (\$) 150
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-27-2022	Full name of contributor out-of-state PAC (ID# _____) Harold Smith <hr/> Contributor address; City; State; Zip Code 2801 Bear Spring Trl A Tr 78748	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME <u>Mark Jones</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>582.69</u>	
5 Date <u>10-12</u> <u>2022</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Cathy Severeance</u>	8 Amount of Contribution \$ <u>582.69</u>	9 In-kind contribution description
7 Contributor address; City; State; Zip Code <u>581 Ruby Ranch Blvd TX 78610</u>		Check if travel outside of Texas. Complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Self employed</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>self employed</u>	
12 Contributor's principal occupation (FOR JUDICIAL) <u>PL</u>		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) <u>_____</u>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <u>_____</u>	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <u>_____</u>			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		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)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1	
2 FILER NAME <div style="font-size: 1.5em; font-family: cursive;">Mark Jones</div>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$ 6,000 ⁰⁰	
5 Date of loan	7 Name of lender <div style="font-size: 1.5em; font-family: cursive;">Self</div> <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$) 6000	
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address: City: State: Zip Code <div style="font-size: 1.2em; font-family: cursive;">PO Box 982 Kyle TX 78640</div>	10 Interest rate <div style="font-size: 1.5em; font-family: cursive;">0</div>	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address: City: State: Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address: City: State: Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	
	Guarantor address: City: State: Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1/4		2 FILER NAME Mark Jones		3 Filer ID (Ethics Commission Filers)	
4 Date 10-11		5 Payee name Backyard Cowboys			
6 Amount (\$) 600		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation		(b) Description Sponsorship		
	(c) Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 10-12-22		Payee name Meridian			
Amount (\$) 19.24		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Exp.		Description Drinks for Volunteers		
	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					
Date 10-17-22		Payee name Dirty Tees			
Amount (\$) 729.30		Payee address; City; State; Zip Code 12209 Twin Creek Rd Menchu TX 78652			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad Exp		Description T-shirts		
	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					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 2/4	2 FILER NAME Mark Jones	3 Filer ID (Ethics Commission Filers)
4 Date 10.24	5 Payee name Sam's Club	
6 Amount (\$) 35.96	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Food item
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10-25-22	Payee name KC Strategies LLC	
Amount (\$) 18,797.41	Payee address; City; State; Zip Code 3571 Farwest #196 Austin TX 78731	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp	Description Mailers Direct Mail Ads
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
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 Austin, TX, officeholder living expense.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
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 Austin, TX, officeholder living expense.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3/4	2 FILER NAME Mark Jones	3 Filer ID (Ethics Commission Filers)
4 Date 10-5-22	5 Payee name Harland Clark	
6 Amount (\$) 21.10	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Checks
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 10/11/22	Payee name KC Strategies	
Amount (\$) 27,084.35	Payee address; City; State; Zip Code 3571 Far West #156 Austin TX 78731	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp	Description Mail/Digital
	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 10/11/22	Payee name KC Strategies	
Amount (\$) 2,625.12	Payee address; City; State; Zip Code 3571 Far West #156 Austin TX 78731	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad Exp	Description Mail/ Other
	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		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4/4		2 FILER NAME Mark Jones		3 Filer ID (Ethics Commission Filers)	
4 Date 10-18-22		5 Payee name KC Strategies			
6 Amount (\$) 46,811.00		7 Payee address, City, State, Zip Code 3571 Far West #156 Austin TX 78731			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ad Exp		(b) Description Mail / Digital		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-18-22		Payee name KC Strategies LLC			
Amount (\$) 40,614.00		Payee address, City, State, Zip Code 3571 Far West #156 Austin TX 78731			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp		Description		
	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 10-19-22		Payee name Bude Print & Ship			
Amount (\$) \$324.75		Payee address, City, State, Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Exp		Description		
	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	

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