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 C	Commission Filers)	2 Total pages filed: 21
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Jason	·	мі R.	OFFICE USE ONLY
NAME	NICKNAME	LAST Dunn		SUFFIX	Date Received, ELECTIONS TO
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	Road Porter, TX 7736	CITY; STATE;	ZIP CODE	JUL 15 2025 TRATOR
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (281) 8	PHONE NUMBER 50-4406	EXTENSI	ON	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Timothy		мі J.	Receipt # Amount \$ Date Processed
.,,,,,,	NICKNAME TJ	LAST Knox		SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / SU New Caney, TX 77357			STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 562-8782	EXTENSI	ON	
9 REPORT TYPE	January 15	30th day before e	lection Run	off	15th day after campaign treasurer appointment (Officeholder Only)
	X July 15	8th day before ele	Cuon	eeded Modified orting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 01 /	Day Year 2025	THROUGH	Month 06	Day Year 2025
11 ELECTION	Month Day	Year Primary General	Runoff Special	Other Description	
12 OFFICE	OFFICE HELD (if any) Justice of the Per		13 OFFICE S	OUGHT (if known)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE V	VITHOUT THE CANE	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME D	unn, Jason	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 65,000
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,946.17
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	\$ 63,279.35
(1) Affidavit Minimum	Signature of Ca	andidate or Officeholder
NOTARY STAMP/SEAL		
0 -		14th day of July.
20 25 , to certify w	hich, witness my hand and seal of office.	Malas
Signature of officer administerior	1017	Title of officer administering oath
	OR	
(2) Unsworn Declaration	1	
My name is	, and my date of birth is	
My address is		
Executed in	(street) (city) (street) (county, State of, on the day of	state) (zip code) (country), 20 (year)
		late/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME Dunn, Jason Dunn, Jason			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
1.	X SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 65,000.00		
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 7,535.71		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDULE E: LOANS	\$		
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,946.17		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$		

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 1/8 2 FILER NAME Dunn, Jason 5 Full name of contributor out-of-state PAC (IDI): 7 Amount of contribution (\$) Ann Vickery & Associates Realty, LLC 5 Confirmation address: City: State; Zip Code \$1,500.00 22611 Community Drive New Caney, TX 77357 6 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDI): Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDI): Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDI): Amount of contribution (\$) Burns, Kevin Amount of contribution (\$) Date Full name of contributor out-of-state PAC (IDI): State; Zip Code \$2,500.00 11521 Fostoria Pd Cleveland, TX 77328 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor	If the reque	sted information is not applicable, DO NOT include	de this page in the	report.
Dunn, Jason 4 Date 5 Full name of contributor out-of-state PAC (IDR:) 7 Amount of contribution (\$) 5 Full name of contributor addross; City: State; Zip Code \$1,500.00 22611 Community Drive New Caney, TX 77357 3 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (IDR:) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (IDR:) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (IDR:) Amount of contribution (\$) Burns, Kevin 05.22.2025 Contributor address; City: State; Zip Code \$2,500.00 11521 Fostoria Rd Cleveland, TX 77328 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$2,500.00 Amount of contribution (\$) Dunn, Adam O5.22.2025 Contributor address; City: State; Zip Code \$2,500.00 \$5,000.00	The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1:
O5.20.2025 Ann Vickery & Associates Realty, LLC 6 Contributor address; City; State; Zip Code 22611 Community Drive New Caney, TX 77357 3 Principal occupation / Job title (See Instructions) Date Full name of contributor Bender, Tony O5.22.2025 Contributor address; City; State; Zip Code 2410 Riverway Oak Drive Kingwood, TX 77345 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Burns, Kevin O5.22.2025 Contributor address; City; State; Zip Code \$1,500.00 Amount of contribution (\$) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Burns, Kevin O5.22.2025 Contributor address; City; State; Zip Code \$2,500.00 11521 Fostoria Rd Cleveland, TX 77328 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$2,500.00 Date Full name of contributor Durn, Adam Contributor address; City; State; Zip Code \$5,000.00 \$5,000.00	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
8 Principal occupation / Job title (See Instructions) Date Full name of contributor Bender, Tony 05.22.2025 Contributor address; City; State; Zip Code S1,500.00 Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Burns, Kevin Contributor address; City; State; Zip Code S2,500.00 11521 Fostoria Rd Cleveland, TX 77328 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID#: Dunn, Adam Contributor address; City; State; Zip Code S2,500.00 11521 Fostoria Rd Cleveland, TX 77328 Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID#: Dunn, Adam Contributor address; City; State; Zip Code S5,000.00	4 Date	5 Full name of contributor	·	7 Amount of contribution (\$)
Section Sect	05.20.2025	Ann Vickery & Associates Realty, LLC		
Principal occupation / Job title (See Instructions) Semployer (See Instructions)		6 Contributor address; City; S	tate; Zip Code	\$1,500.00
Date Full name of contributor out-of-state PAC (ID#:		The state of the s	〈 77357	
Bender, Tony Contributor address; City; State; Zip Code \$1,500.00	8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Contributor address; City; State; Zip Code 2410 Riverway Oak Drive Kingwood, TX 77345 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Burns, Kevin City; State; Zip Code \$2,500.00 11521 Fostoria Rd Cleveland, TX 77328 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$2,500.00 Date Full name of contributor Dunn, Adam Contributor address; City; State; Zip Code \$5,000.00 1109 Beinhorn Rd. Houston, TX 77024	Date	Full name of contributor		Amount of contribution (\$)
O5.22.2025 Contributor address; City; State; Zip Code \$1,500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Burns, Kevin Contributor address; City: State; Zip Code \$2,500.00 11521 Fostoria Rd Cleveland, TX 77328 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor Oul-of-state PAC (ID#: Dunn, Adam Contributor address; City; State; Zip Code \$5,000.00	05.22.2025		tate; Zip Code	\$1.500.00
Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Burns, Kevin Contributor address; City; State; Zip Code \$2,500.00 11521 Fostoria Rd Cleveland, TX 77328 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Dunn, Adam Contributor address; City; State; Zip Code \$5,000.00 11109 Beinhorn Rd. Houston, TX 77024		2410 Riverway Oak Drive Kingwood, TX 77345	5	ψ1,000.00
Burns, Kevin Contributor address; City; State; Zip Code \$2,500.00 11521 Fostoria Rd Cleveland, TX 77328 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Dunn, Adam Contributor address; City; State; Zip Code \$5,000.00 11109 Beinhorn Rd. Houston, TX 77024	Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
O5.22.2025 Contributor address; City; State; Zip Code \$2,500.00 11521 Fostoria Rd Cleveland, TX 77328 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Dunn, Adam Contributor address; City; State; Zip Code \$5,000.00	Date	Full name of contributor		Amount of contribution (\$)
\$2,500.00 11521 Fostoria Rd Cleveland, TX 77328 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Dunn, Adam Contributor address; City; State; Zip Code 11109 Beinhorn Rd. Houston, TX 77024		Burns, Kevin		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor	05.22.2025	Contributor address; City; St	ate; Zìp Code	\$2,500.00
Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Dunn, Adam Contributor address; City; State; Zip Code \$5,000.00		11521 Fostoria Rd Cleveland, TX 77328		
Dunn, Adam Contributor address; City; State; Zip Code 11109 Beinhorn Rd. Houston, TX 77024	Principal occuj	pation / Job title (See Instructions)	Employer (See Instruct	ions)
05.22.2025 Contributor address; City; State; Zip Code \$5,000.00	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)
\$5,000.00 \$5,000.00		Dunn, Adam	Ì	
11109 Beinhorn Rd. Houston, TX 77024	05.22.2025	Contributor address; City; St	ate; Zip Code	ቀ ፍ በበለ በለ
Principal occupation / Job title (See Instructions) Employer (See Instructions)		11109 Beinhorn Rd. Houston, TX 77024		φ3,000.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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)			
	lunn, Jason	***************************************				
4 Date	5 Full name of contributor	(ID#:)	7 Amount of contribution (\$)			
05.20.2025	Dunn Delivered, LLC					
	6 Contributor address; City;	State; Zip Code	\$2,500.00			
***************************************	6700 Woodlands Parkway Ste 230 The Woo	odlands, TX 77382				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	lions)			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)			
	Gray, Angela		, and an expension (4)			
05.22.2025	Contributor address; City;	State; Zip Code	\$12,500.00			
	483 Richmond Park Conroe, TX 77302		φ12,000.00			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date		(ID#:)	Amount of contribution (\$)			
	Herman, M ark					
03.26.2025	Contributor address; City;	State; Zip Code	\$1,000.00			
	18482 Kuykendahl #191 Spring, TX 77386					
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	dons)			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)			
:	Houston Apartment Association PAC					
05.07.2025	Contributor address; City;	State; Zip Code	***			
00.07.2.02.0	4810 Westway Park BLVD Houston, TX	77041	\$500.00			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
P						
			•			
	ATTACH ADDITIONAL COPIES O					
	If contributor is out-of-state PAC, please see Instru	ction guide for additional r	eporting requirements.			

Revised 1/1/2025

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 3/8	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
C	Dunn, Jason			
4 Date	5 Full name of contributor ut-of-state PAI	.C (ID#:)	7 Amount of contribution (\$)	
	Juneau, Holly Burns			
05.22.2025	6 Contributor address; City;	State; Zip Code	\$500.00	
VV:6m	23184 Smith Road Porter, TX 77365		φουυ.υυ	
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructi	dions)	
Date	Full name of contributor ut-of-state PAC	C (ID#:)	Amount of contribution (\$)	
	Kasprzak, Robert		Amount or contribution (v)	
05.22.2025	Contributor address; City;	State; Zip Code		
んんたんしたひ	27 Grand Regency Circle The Woodland	· ' '	\$1,250.00	
		· · · · · · · · · · · · · · · · · · ·		
Principal occup	oation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor	C (iD#:)	Amount of contribution (\$)	
	Kolon, Mark			
05.12.2025	Contributor address; City;	State; Zip Code	\$1,000.00	
	COOC Ballan Bidge Lone Koh, TV 77404		φ1,000.00	
Principal occur	2303 Bailey Ridge Lane Katy, TX 77494 pation / Job title (See Instructions)	Employer (See Instructi		
1 sectospeer warm.	iduoti y and the foee insurancies	Employer (occ mondes	ions)	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
	Kneale, Rick R.			
05.06.2025	Contributor address; City;	State; Zip Code	ቀወደብ ስብ	
	24201 Rodeo Dr. New Caney, TX 77357		\$250.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ions)	
		<u> </u>		

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

SCHEDULE A1

it tile reque	sted information is not applicable, DO NOT include this page in th	ne report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 4/8
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
มเ	unn, Jason	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	_) 7 Amount of contribution (\$)
05.22.2025	Linebarger, Goggan, Blair & Sampson, LLP 6 Contributor address; City; State; Zip Code	\$500.00
ı.	PO BOX 17428 Austin, TX 78760	
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	ructions)
Date	Full name of contributor □ out-of-state PAC (ID#:	Amount of contribution (\$)
05.06.2025	Contributor address; City; State; Zip Code 9137 Fostoria Road. Cleveland, TX 77328	\$500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor	Amount of contribution (\$)
04.09.2025	Martin, Mark W. Contributor address; City; State; Zip Code PO BOX 10 Porter, TX 77365	\$1,250.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor ☐ out-of-state PAC (ID#:	Amount of contribution (\$)
04.09.2025	Contributor address; City; State; Zip Code 27511 South Lazy Meadow Spring, TX 77386	\$1,250.00
Principal occupa	ation / Job title (See Instructions) Employer (See Instru	uctions)

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5/8
FILER NAME	Dunn, Jason	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor ut-of-state PAC (ID#:	7 Amount of contribution (\$)
05.08.2025	McLennan, Mike	
	6 Contributor address; City; State; 2	Zip Code \$250.00
	PO BOX 1878 Cleveland, TX 77328	Ψ250.00
Principal occi	upation / Job title (See Instructions) 9 Employ	er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Milstead, Amy	
)4.14.2025		Zip Code \$750.00
	1415 Spring Hills Dr. Spring, TX 77386	ψ, σοισσ
Principal occu	pation / Job title (See Instructions) Employe	er (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
	Patel, Kevin Kumar	
04.29.2025	Contributor address; City; State; Z	\$2,500.00
	1601 I-45 South Conroe, TX 77301	
Principal occu	pation / Job title (See Instructions) Employe	er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
	Postel, Robert	
05.05.2025	Contributor address; City; State; Z	ip Code \$2,500.00
	PO BOX 461 Porter, TX 77365	
Principal occup	pation / Job title (See Instructions) Employe	er (See Instructions)

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 6/8
2 FILER NAME	Dunn, Jason	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
05.14.2025	PYN Development, LLC 6 Contributor address; City; State; Zip C 7210 North Loop East Houston, TX 77028	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (S	See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
05.25.2025	Contributor address; City; State; Zip C 25910 Haggard Nest Dr Katy, TX 77494	
Principal occup	pation / Job title (See Instructions) Employer (S	Gee Instructions)
Date	Full name of contributor	Amount of contribution (\$)
04.17.2025	Contributor address; City; State; Zip Ci 523 N. Magnolia Dr. Conroe, TX 77301	\$2,500.00
Principal occup		ee Instructions)
Date	Full name of contributor	Amount of contribution (\$)
04.22.2025	Contributor address; City; State; Zip Co	signal
Principal occupation / Job title (See Instructions) Employer (See Instructions)		

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 fo	orm.	1 Total pages Schedule A1: 7/8		
2 FILER NAME	Dunn, Jason		3 Filer ID (Ethics Commission Filers)		
4 Date 05.14.2025	Stapp, Brad	1	7 Amount of contribution (\$)		
	6 Contributor address; City; 8527 Majestic Lake Ct. Montgomery, TX 773	State; Zip Code	\$2,500.00		
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date	Full name of contributor)#)	Amount of contribution (\$)		
04.01.2025	Contributor address; City; 7 Grogan's Park Drive Bld 3 The Woodland	State; Zip Code	\$500.00		
Principal occupation / Job title (See Instructions) Employer (See Instruct			ons)		
Date	Full name of contributor)#:)	Amount of contribution (\$)		
04.28.2025	Contributor address; City; 2219 Sawdust Rd. Suite 102 The Woodlan	State; Zip Code ds, TX 77380	\$500.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date	Full name of contributor	i#:)	Amount of contribution (\$)		
05.22.2025	Contributor address; City; 18 Augusta Pines Dr. Ste 210-C Spring, TX	State; Zip Code	\$2,500.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					

SCHEDULE A1

The	e Instruction Guide explains how	to complete th	is form.	1 Total pages Schedule A1: 8/8
FILER NAME	E Dunn, Jason			3 Filer ID (Ethics Commission Filers)
1 Date 05.22.2025	5 Full name of contributor Wilkerson, Dennis J.		AC (ID#:	7 Amount of contribution (\$)
	6 Contributor address; 18 Augusta Pines Dr. Ste 2	City;	State; Zip Code	\$2,500.00
Principal occi	upation / Job title (See Instructions)		9 Employer (See Inst	ructions)
Date	Full name of contributor	☐ out-of-state P/	AC (ID#:	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	**************************************
Principal occu	pation / Job title (See Instructions)		Employer (See Insti	ructions)
Date	Full name of contributor	out-of-state PA	AC (ID#:	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	**
Principal occu	pation / Job title (See Instructions)		Employer (See Instr	ructions)
Date	Full name of contributor	out-of-state PA	.C (ID#:	_) Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	\$
Principal occur	pation / Job title (See Instructions)		Employer (See Instr	ructions)

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

SCHEDULE A2

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

	acoust information to not applicable, be real information				
TI	he Instruction Guide explains how to complete this form	n.	1 Total pages Sched	lule A2:	1/4
2 FILER NAM Dunn, Jas			3 Filer ID (Ethics Co	ommission Filers))
4 TOTAL O	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	3UTIONS	\$		
5 Date 03.28.2025	Barrilleaux. Chris		8 Amount of Contribution \$ \$1960.00		n for sing event
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI		
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See I	Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FO	R JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 04.17.2025	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind coldescription 4 Astros ticket Auction item for	n
	3302 Lake Island Dr. Montgomery, TX 77356		Check if travel outside	Į.	plete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI/	AL)(See Instru	ctions)
	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	IDICIAL) (See I	nstructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spous	se (if any) (FOI	R JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
, , ,				ALL MANAGEMENT AND ALL MANAGEMENT	
	ATTACH ADDITIONAL COPIES OF TI				£

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

SCHEDULE A2

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

*				
T	he Instruction Guide explains how to complete this for	n.	1 Total pages Sched	lule A2: 2/4
² FILER NAM Dunn, Jas			3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	PF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date 04.17.2025 6 Full name of contributor out-of-state PAC (ID#:) Dean, John 7 Contributor address; City; State; Zip Code 1221 Park West Green Dr. Katy, TX 77493			8 Amount of Contribution \$ \$1,000.00	9 In-kind contribution description Venue rental for fundraising event l ide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	ıtor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u>L</u>		y
Date 05.01.2025	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description Linen rental for fundraising event
	1221 Park West Green Dr. Katy, TX 77493		Check if travel outsi	i de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI)	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	IDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	LE AS NEEDED	

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

SCHEDULE A2

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

		La de		
Tł	he Instruction Guide explains how to complete this form	n.	1 Total pages Sched	Jule A2: 3/4
2 FILER NAME			3 Filer ID (Ethics Co	ommission Filers)
Dunn, Jason		·		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor)	8 Amount of	9 In-kind contribution
05.20.2025	Hayden, Jerry		Contribution \$	description Coconut Pie -
See that a desire that I make the construction		Zìp Code	\$30.00	Auction item for fundraising event
	9125 Fostoria Rd. Cleveland, TX 77328		Check if travel outs	ide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	ı of contributor's spou	ise (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of	In-kind contribution
J	Ligon, Brett		Contribution \$	description
04.24.2025	Contributor address; City; State;	Zip Code	\$600.00	Diamondback DB15 - Auction item for fundraising event
	395 Berkley Drive Montgomery, TX 77356		Check if travel outsi	ide of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	ı of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ŀ	ATTACH ADDITIONAL COPIES OF TI f contributor is out-of-state PAC, please see instruction			a regulrements.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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 Sched	1 Total pages Schedule A2: 4/4		
2 FILER NAME Dunn, Jason			3 Filer ID (Ethics Co	mmission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$			
·····	6 Full name of contributor out-of-state PAC (ID#:	Zip Code 11 Employe	Contribution \$	9 In-kind contribution description Food preperation for fundraising event de of Texas. Complete Schedule T. AL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JU	DfCIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	ee (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 05.22.2025	Full name of contributor ut-of-state PAC (ID#:	Zip Code	Amount of Contribution \$ \$1,987.71	In-kind contribution description Beverages for fundraising event		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outsic	de of Texas. Complete Schedule T. AL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (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.						

Forms provided by Texas Ethics Commission

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanies/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic	al Committee	Legal Services	Salaries/W	ages/Contract Labor	Other (enter a catego	ory not listed above)
Credit Card Payment		The Instruction Guide explai	ins how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)
1/6	Dunn, Jaso	on				
4 Date	5 Payee nan	ne				
04.24.2025	Brode, Kim	perly				
6 Amount (\$)	7 Payee add	ress;		City;	State;	Zip Code
\$800.00	12701 Dav	Collins Road Splendo	ra, TX 773	372		
8	(a) Category	(See Categories listed at the top of this	s schedule)	(b) Description		and the second s
PURPOSE OF EXPENDITURE	Event Expe	nse		Louis Vuitton Pt	urse - Auction It	em
	(c) c	theck if travel outside of Texas. Complete S	Schedule T.	Check if Austir	, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF		te / Officeholder name		Office sought		Office held
Date	Payee nan	ne				
06.06.2025	El Guada	lajara				
Amount (\$)	Payee add	ress;	-	City;	State;	Zip Code
\$77.65	494 HWY 7	'1 West #180 Bastrop,	TX 78602			
	Category (See Categories listed at the top of this	schedule)	Description		***************************************
PURPOSE OF EXPENDITURE	Food/Bever	age Expense		Political Dinner		
	c	heck if travel outside of Texas. Complete S	ichedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held
Date	Payee nan	ne		*		
01.28.2025	EMCFA					
Amount (\$)	Payee add	ess;		City;	State;	Zip Code
\$350.00	21675-A 77357	. McCleskey Road New	v Caney, T	ГХ		
	Category (See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Contribution	/Donation Made by Offic	eholder	Sunshine Kids Sp	onsor	
	CH	eck if travel outside of Texas. Complete Sc	chedute T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held
	ATTA	CH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED	

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
2/6	Dunn, Jason				
4 Date	5 Payee name				
01.30.2025	EMCFA				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$300.00	21675A McCleskey Road New Caney, TX 7	77357			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Contribution/Donation Made by Officeholder Event Sponsor - Casino Night				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
02.07.2025	EMCID				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$300.00	21575 US HWY 59 #200 New Caney, TX 7	7357			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Contribution/Donation Made by Officeholder	Event Sponsor - I	Police Officer Ceremony		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
03.11.2025	GEMC Chamber				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$300.00	21575 US HWY 59 #100 New Caney, TX 77	'357			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fees	Membership Due	S		
	, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS:	SCHEDULE AS NEE	DED		

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

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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Onto (ornor a carego	.,	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	Commission Filers)	
3/6	Dunn, Jason				
4 Date	5 Payee name				
06.04.2025	Harland Clarke				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$37.50	15955 La Cantera Pkwy San Antonio, TX 7	8256			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Accounting/Banking	Checks for Camp	aign Account		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name I	Office sought		Office held	
Date	Payee name				
05.30.2025	Mayr Law				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$5,000.00	1095 Evergreen Circle #200 The Woodlands, TX 77380				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Legal Services Consultation/Retainer Fee				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
05.22.2025	Nothing Bundt Cakes				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$600.30	21856 Market Place Drive Suite 200 New C	aney, TX 77357			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Event Expense	Dessert for Fund	raising Event		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, 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 NEE	DED		

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
Craft Card Payment

Event Expense Fees Food/Beverage Expense Gitt/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

Candidate/Officeholder/Politics Credit Card Payment	al Committee	Legal Services		fages/Contract Labor	Other (enter a categ	ory not listed above)
		The Instruction Guide explain	ns how to co	omplete this form.		
1 Total pages Schedule F1:	1				3 Filer ID (Ethio	s Commission Filers)
4/6	Dunn, Jas					
4 Date	5 Payee na					
05.20.2025	Restauran	t Depot		<u> </u>		
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
\$1048.58	23815 Tor	mbali PKWY Tombali, TX	〈 77375			
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Exp	ense		Food/Paper Good	ls for Fundraisi	ng Event
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austir	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
06.09.2025	Southside	BBQ				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
\$59.01	1212 US-290) Elgin, TX 78621				
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beve	erage Expense		Political Lunch		
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	ı, TX, afficeholder livinç	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ite / Officeholder name		Office sought		Office held
Date	Payee na	me				
06.18.2025	USPS					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
\$43.80	20811 US-	HWY 59 New Caney, TX	77357			
190-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Category	(See Categories listed at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	Event Expe	ense		Postage for Than	ık You Cards	
		Check if Iravel outside of Texas. Complete Sc	hedula T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEE	DED	

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Satarias/Manes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politics Credit Card Payment	al Committee Legal Services Salaries A The Instruction Guide explains how to	Nages/Contract Labor complete this form.	Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
5/6	Dunn, Jason				
4 Date	5 Payee name				
05.19.2025	Walgreens				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$34.62	24917 FM 1314 Porter, TX 77365				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Event Expense	Sign for Fundraising Event			
	(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 H	Office sought	Office held		
Date	Payee name				
06.04.2025	Walgreens				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$24.07	24917 FM 1314 Porter, TX 77365				
	Category (See Categories listed at the top of this schedula)	Description			
PURPOSE OF EXPENDITURE	Event Expense	Sign for Fundraising Event			
	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	Payee name				
05.21.2025	Walmart				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$20.64	20310 US HWY 59 New Caney, TX 77357				
	Category (See Categories listed at the top of this schedule)	Description	Pitti de la companya de la companya		
PURPOSE OF EXPENDITURE	Event Expense	Food/Paper Goods for	Fundraising Event		
	Check if travel outside of Texas. Complete Schedute 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 NEE	DED		

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
Candid Contributions/Donations Made By

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

ement Solicitation/Fundraising Expense
pense Transportation Equipment & Related Expense
Travel in District
Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries N The Instruction Guide explains how to c	Nages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
6/6	Dunn, Jason		O Files ID (Lines Commission Files)
4 Date	5 Payee name		
04.13.2025	Wildcat Clay Club		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$450.00	23747 FM 2090 Splendora, TX 77372		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contribution/Donation Made By Officeholder	Event Sponsor	
	(C) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01.28.2025	The Winterrose Foundation		
Amount (\$)	Payee address;	City;	State; Zip Code
\$500.00	PO BOX 2164 Splendora, TX 77372		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE	(
mat. migra i di ce	· posses) position:	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE		-	
1	Check if travel outside of Texas, Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
***************************************	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEF	DED