CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				FORM C/OH COVER SHEET PG 1
The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission	Filers) 2 Total pages filed: \U3
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR MR	FIRST CHRISTOPHER	MI M	OFFICE USE ONLY
NAME	NICKNAME	JONES	SUFFIX	Date Received AECEIVED RELIEF
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX PO BOX 52,	: APT / SUITE #; C MAGNOLIA, TX 7	ity; state; zip coi 7353	Date Received AECEIVED ROMINISTRATOR
Change of Address			EVELINION	10)
5 CANDIDATE/ OFFICEHOLDER PHONE	(281)	541-5391	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS/MRS/MR	FIRST	МІ	Receipt # Amount \$
TREASURER NAME	MRS	MELISSA	R	Date Processed
10 47	NICKNAME	JONES	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SL EBERRY RD, MAG	·	STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE (281)	989-5699	EXTENSION	
9 REPORT TYPE	January 15	30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	Exceeded Mod Reporting Limit	
10 PERIOD COVERED	Month 1	Day Yoar / 1 / 24	THROUGH 6	Month Day Year / 30 / 24
11 ELECTION	ELECTION DA	Year	ELECTION Runoff Other Descr	
	3 / 5	24 General		
12 OFFICE	OFFICE HELD (If any) MONTGOMERY	COUNTY PCT 5 CONST	13 OFFICE SOUGHT (if known)
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER, THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT TO	URES MADE BY POLITICAL COMMITTEES TO SUPPORT HE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR NLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER 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 CONSTABLE CHRIS	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) 	\$	4,300.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	248,590.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	3,706.32
	4. TOTAL POLITICAL EXPENDITURES	\$	74,229.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	168,750.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	0.00
18 SIGNATURE I S	wear, or affirm, under penalty of perjury, that the accompanying report is true		and includes all information
	quired to be reported by me under Title 15, Election Code.	o ana concor	and moradoo an information
	,		
	Circulus of Co.	malidata as O	ffigsholder
	Signature of Ca	ndidate of O	Moettoidei
	Please complete either option below	/ :	1
	1 /out of inplote office of inch	•	
(1) Affidavit			
(I) Allidavic			
NOTARY STAMP/SEA	_		
A	Alta Nac		
Sworn to and subscribed		ua	y of
20, to certify	which, witness my hand and seal of office.		
	<u> </u>		
Signature of officer administe	ring oath Printed name of officer administering oath	Title	of officer administering oath
	OR		
(2) Unsworn Declaration	on		
			•
My name is	, and my date of birth is		
My address is		1	
	(street) (city) (s	state) (zip	code) (country)
Executed in	County, State of , on the day of(month	2	0
	(month	1)	(year)
	Signature of Candid	date/Officehol	der (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	ILER NAME NSTABLE CHRIS JONES	20 Filer ID (Ethics Co.	mmission Filers)
	CHEDULE SUBTOTALS AME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 166,460.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 82,130.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	4. SCHEDULE E: LOANS		
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
6.	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.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
11.	1. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$

SCHEDULE A1

If the reque	sted information is not applicable, DO NOT inc	lude this page in the i	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 48
2 FILER NAME CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) LAURA VAIRIN		7 Amount of contribution (\$)
04/11/2024	6 Contributor address; City; 26 TEA KETTLE, HITCHCOCK,	State; Zip Code TX 77503	500.00
8 Principal occu		Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (to#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City; 17803 ROLLING HILLS DR, MAGNO	State; Zip Code	215.00
Principal occup	vation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 0.444 (0.004	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City; PO BOX 130966, SPRING, TX 7	State; Zip Code	250.00
Principal occup	oatlon / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (I	iD#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City;	State; Zip Code	250.00
28111 INDIGO LAKE CT, MAGNOLIA, TX 77355 Principal occupation / Job title (See Instructions) Employer (See Instructions)			
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruc		

SCHEDULE A1

n me reque	sted information is not applicab	——————————————————————————————————————	iclude this page in the	report.
The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1: H8
2 FILER NAME CONSTA	BLE CHRIS JONES			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) B D GRIFFON		7 Amount of contribution (\$)	
04/11/2024	6 Contributor address;	City;	State; Zip Code	500.00
	140 WADE POINTE DR	, MONTGO	MERY, TX 77316	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor JAY WRIGHT	out-of-state PA	C (ID#:)	Amount of contribution (\$)
03/11/2024	Contributor address;	Clty;	State; Zip Code	150.00
	793 ANGELINA CT,	CONROE	, TX 77302	, 55, 55
Principal occup	l aation / Job title (See Instructions)		Employer (See Instruct	tions)
JOHN MANCUSO		out-of-state PA	C (ID#:)	Amount of contribution (\$)
03/15/2024	Contributor address; 8223 CR 302, PLAN	-	State; Zip Code E, TX 77363	250.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions) '
Date	Full name of contributor STEVE ANDERSON	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
03/15/2024	Contributor address;	City;	State; Zip Code	250.00
	710 S FRAZIER, CO	NROE, T	< 77301	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
		 		
				· · · · · · · · · · · · · · · · · · ·
	A FTACH ADDITE		OF THIS SCHEDULE AS N uction guide for additional :	

SCHEDULE A1

If the reque	sted information is not applicable, DO NOT include th	is page in the report.	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 48	
2 FILER NAME CONSTA	BLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	
03/15/2024		Zip Code 250.00	
8 Principal occu	29513 TANGLEWOOD, MAGNOLIA, TX 77		
6 Fillicipal occi	pation 7 300 title (See Instructions)	oyer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
03/15/2024	Contributor address; City; State; 6902 APACHE CREEK, MONTGOMERY, 7	200.00	
Principal occup	eation / Job title (See Instructions) Empl	oyer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
03/19/2024	LEON TAAKE Contributor address; City; State; 1519 MERE DR, PINEHURST, TX 77	Zip Code 250.00	
Principal occup		oyer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
03/19/2024	***************************************	250.00	
	PO BOX 120, PINEHURST, TX 7736	200.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
· · · · · · · · · · · · · · · · · · ·	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED	

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 To	tal pages Schedule A1: 48
2 FILER NAME CONSTA	BLE CHRIS JONES	3 Fit	er ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) TOM & LINDA GRAYSON		nount of contribution (\$)
03/20/2024	6 Contributor address; City; State 32910 OAK CREEK DR, MAGNOLIA, TX	, ,	250.00
8 Principal occu	pation / Job title (See Instructions) 9 Er	nployer (See Instructions)	4 A A MARKET VI
Date	Full name of contributor out-of-state PAC (ID#:) Ar	nount of contribution (\$)
03/20/2024	Contributor address; City; State 28352 FOREST GREEN DR, MAGNOLIA		250.00
Principal occup	ation / Job title (See Instructions) Er	ployer (See Instructions)	
Date 03/25/2024	Full name of contributor out-of-state PAC (ID#:	C ; Zip Code	250.00
Principal occup	ation / Job title (See Instructions) Er	ployer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:) Aı	mount of contribution (\$)
03/25/2024	LARRY ROBINSON Contributor address; City; State 38022 CLUBHOUSE LN, MAGNOLIA, TX	; Zip Code	250.00
Principal occup	ation / Job title (See Instructions) Er	nployer (See Instructions)	
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SCHEDULE A1

If the reque	sted information is not applicable, DO NOT include	his page in the report.	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: US	
2 FILER NAME CONSTA	BLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	PSON, LLC	
04/01/2024	6 Contributor address; City; State PO BOX 17428, AUSTIN, T		
8 Principal occu	pation / Job title (See Instructions) 9 Em	ployer (See Instructions)	
Dàte	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
04/01/2024	THE BLAIR LAW FIRM, PC Contributor address; City; State 7 GROGANS PARK DR, THE WOODLANDS, TX	200.00	
Principal occup	pation / Job title (See Instructions) Em	ployer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
04/01/2024	STELLAR POOLS, LLC Contributor address; City; State 30101 HAZY HOLLOW RD, MAGNOLIA,	Zip Code TX 77355 250.00	
Principal occuş	pation / Job title (See Instructions) Em	ployer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
04/01/2024	Contributor address; City; State 25203 DEWDROP CT, MAGNOLIA,	Zip Code 250.00	
Principal occup		ployer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE A1

te this form. 1 Total pages Schedule A1: 48 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) State; Zip Code 250.00
ate PAC (ID#:) 7 Amount of contribution (\$)
,
State; Zip Code 250 00
GNOLIA, TX 77355
9 Employer (See Instructions)
ate PAC (ID#:) Amount of contribution (\$)
State; Zip Code NOLIA, TX 77354 250.00
Employer (See Instructions)
ate PAC (ID#:) Amount of contribution (\$)
State; Zip Code 250.00
Employer (See Instructions)
ate PAC (ID#:) Amount of contribution (\$)
State; Zip Code 250.00
ERY, TX 77356 Employer (See Instructions)

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SCHEDULE A1

If the reque	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: 48
2 FILER NAME CONSTA	BLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
04/11/2024	6 Contributor address; City; State; Zip Cod 28212 TIMBER VILLAGE, MAGNOLIA, TX 77355	250.00
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/11/2024	CHARLIE RILEY CAMPAIGN Contributor address; City; State; Zip Cod	250.00
Principal occur	PO BOX 1605, MAGNOLIA, TX 77353 pation / Job title (See Instructions) Employer (See	(matruotiona)
Timelpai occuj	Employer (See	III SU GGUIS)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/11/2024	Contributor address; City; State; Zip Code 28533 HIDDEN COVE, MAGNOLIA, TX 77355	250.00
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
04/15/2024	Contributor address; City; State; Zip Code	250.00
Principal occup	26256 EASY ST, MAGNOLIA, TX 77355 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	n.	1 Total pages Schedule A1:	
2 FILER NAME CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:) DAVID LEGE		7 Amount of contribution (\$)	
03/11/2024	6 Contributor address; City; St 38923 FM 1774, MAGNOLIA, TX	tate; Zip Code	500.00	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ons)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	
03/11/2024	•••••	tate; Zip Code	500.00	
	PO BOX 500, CONROE, T	· · · 1	300.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date	Full name of contributor cut-of-state PAC (ID#:		Amount of contribution (\$)	
03/15/2024	TRIPLE CROWN ENTERPRISES, LLC		500.00	
	Contributor address; City; St 11424 SPRING CYPRESS RD, TOMBA	ate; Zip Code	500.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	
03/19/2024	•••••	tate; Zip Code	500.00	
	16131 CHAMPION FOREST DR, KLEIN, TX 77379			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	one)	
	ATTACUADDITIONAL CODICE OF THE	UO COLUEDIN E ACAM		

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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: 48	
2 FILER NAME CONSTAI	BLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) CHOPIN & JOAN KIANG		7 Amount of contribution (\$)	
03/19/2024	6 Contributor address; City; 11826 LIVE OAK DR, MAGNOL	State; Zip Code	500.00	
8 Principal occu		9 Employer (See Instructi	ons)	
Date		(ID#:)	Amount of contribution (\$)	
03/25/2024	J D COLMAN Contributor address; City; 20285 FORESTVIEW DR, MAGNOLI	-	500.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ons)	
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)	
03/25/2024	25/2024 COUNTY JUDGE MARK KEOUGH Contributor address; City; State; Zip Code 26 WOODMERE PL, THE WOODLANDS, TX 77381		500.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
04/01/2024	Contributor address; City; 14208 MOONLIGHT TRAIL, CONRO	State; Zlp Code	500.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	≡EDED	

SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 48
2 FILER NAME CONSTAI	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC ANDREW PALERMO	C (ID#:)	7 Amount of contribution (\$)
04/01/2024	6 Contributor address; City; 29543 SKY FOREST CIRCLE, MAG	State; Zip Code SNOLIA, TX 77355	500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
03/15/2024	Contributor address; City;	State; Zip Code	1,500.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date Full name of contributor out		(ID#:)	Amount of contribution (\$)
03/20/2024	Contributor address; City; 37723 PARKWAY OAKS LN, MAGN	State; Zip Code	1,500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
04/11/2024	BRAD STAPP Contributor address; City;	State; Zip Code	1,500.00
8527 MAJESTIC LAKE, MONTGOMERY, TX 77315 Principal occupation / Job title (See Instructions) Employer (See Instructions)			
			1
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

SCHEDULE A1

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

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: LLS
2 FILER NAME CONSTA	BLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
04/11/2024	6 Contributor address; City; State; Zip Code 12107 CAROL LN, PINEHURST, TX 77362	1,500.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instr	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/08/2024	Contributor address; City; State; Zlp Code PO BOX 529, SPLENDORA, TX 77372	1,500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instr	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/08/2024	Contributor address; City; State; Zip Code 16134 PARISH HALL DR, SPRING, TX 77379	1,500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
05/15/2024	PAUL WELCH Contributor address; City; State; Zip Code 26386 JACKS BARN RD, MONTGOMERY, TX 77316	1,500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	uctions)

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SCHEDULE A1

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

	sted information to not applicable, bo Not incl	add the page in the	
The	instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: US
2 FILER NAME CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (I	D#:)	7 Amount of contribution (\$)
03/15/2024	6 Contributor address; City;	State; Zip Code	2,500.00
	28222 CANYON VIEW, MAGNOLIA,	TX 77355	2,000100
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (I	D/l:)	Amount of contribution (\$)
03/25/2024	Contributor address; City;	State; Zip Code	2,500.00
	19802 INDIGO LAKE DR, MAGNOLIA	• • • • • • • • • • • • • • • • • • •	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (I	D#:	Amount of contribution (\$)
04/01/2024	CONSTABLE MARK HERMAN	51.4	2,500.00
	Contributor address; City; 18482 KUYKENDAHL RD, SPRING,	State; Zip Code	2,300.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
05/15/2024	Contributor address; City;	State; Zip Code	3,000.00
	33920 OLD HEMPSTEAD RD, MAGN	IOLIA, TX 77355	0,000.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

SCHEDULE A1

If the reque	sted information is not applicable, DO NOT inc	clude this page in the I	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 48
2 FILER NAME CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC WILLIAM & COLLEEN ELLISON	(ID#:)	7 Amount of contribution (\$)
04/01/2024	6 Contributor address; City; 2111 N FRAZIER ST, CONROE	5,000.00	
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 (\$)
04/08/2024	Contributor address; City; 31 LOS ENCINOS CT, MAGNO	.	5,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		ons)	
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 Instructi	ions)
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 O	F THIS SCHEDULE AS N	EEDED

SCHEDULE A1

if the reque	sted information is not applicable, DO NOT include thi	s page in the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME CONSTA	BLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
04/11/2024	6 Contributor address; City; State; 23557 HIGH MEADOW ESTATES DR, MONTGOMERY, T	Zip Code X 77316 1,500.00
8 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 (\$)
04/11/2024	ROBERT SELLS	
	Contributor address; City; State; 215 GAILLARDIA CT, PINEHURST, TX 773	
Principal occup	eation / Job title (See Instructions) Emplo	yer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/11/2024	DIANNA MORGAN	500.00
	Contributor address; City; State; 6907 CROCKETT CT, MONTGOMERY, TX	
Principal occup	pation / Job title (See Instructions) Emplo	yer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/11/2024	RAYMOND JORDAN	500 00
	Contributor address; City; State; 24618 NOTTINGHAM CIRCLE, HOCKLEY,	TX 77484 500.00
Principal occuş	eation / Job title (See Instructions) Empire	yer (See Instructions)
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SCHEDULE A1

If the reque	sted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: Ц8
2 FILER NAME CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC BRUCE SPRINGER	(ID#:)	7 Amount of contribution (\$)
04/11/2024	04/11/2024 6 Contributor address; City; State; Zlp Code 19706 TIMBER RIDGE DR, MAGNOLIA, TX 77355		250.00
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 (\$)
04/11/2024	Contributor address; City;	State; Zip Code	250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/11/2024	DOVE WIBLE Contributor address; City; 41526 S BRENDA LN, MAGNO	State; Zip Code	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC TRACY SHILLOCK	(ID#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City; 16734 SCENIC GARDENS DR, SPR	State; Zip Code	250.00
Principal occupation / 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 f	orm.	1 Total pages Schedule A1: US
2 FILER NAME CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) B D GRIFFIN		7 Amount of contribution (\$)
04/11/2024	6 Contributor address; City; PO BOX 1361, CONROE, TX 77	State; Zip Code	250.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City; 37012 RANCHO BAUER, MAGNOLIA	State; Zip Code	250.00
Principal occuj	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	·	D#:)	Amount of contribution (\$)
04/11/2024	MICHELLE LAYNE Contributor address; City; 40519 MANOR DR, MAGNOLIA	State; Zip Code , TX 77354	250.00
Principal occuj	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (II MARK SELLERS	D#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City; 27041 CANYON RANCH CIRCLE, MAGNOL	State; Zip Code	250.00
Principal occuj	eation / Job title (See Instructions)	Employer (See Instruct	ons)
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SCHEDULE A1

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The	Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1: 1
2 FILER NAME CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2024	5 Full name of contributor out-of-state PAC (ID#:) BARBARA ALPHA 6 Contributor address; City; State; Zip Code 20265 KAREN SWITCH, MAGNOLIA, TX 77354		7 Amount of contribution (\$) 250.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#	<i>f</i> :	Amount of contribution (\$)
04/11/2024			3,500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 04/11/2024	Full name of contributor out-of-state PAC (ID# ADRIAN BAKER Contributor address; City; S	i:) State; Zip Code	Amount of contribution (\$) 2,800.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		ons)	
Date	Full name of contributor out-of-state PAC (ID#	*	Amount of contribution (\$)
04/11/2024		State; Zip Code DLIA, TX 77355	3,100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
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SCHEDULE A1

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The	Instruction Guide explains how to complete this fo	ırm.	1 Total pages Schedule A1: 48	
2 FILER NAME CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID DONNA MEYER	#:)	7 Amount of contribution (\$)	
04/11/2024	6 Contributor address; City; 37323 MASTERS CIRCLE, MAGNOLI	State; Zip Code	1,000.00	
8 Principal occu	-	Employer (See Instructi	ons)	
Date	Full name of contributor out-of-state PAC (ID	<i>#</i> :)	Amount of contribution (\$)	
04/11/2024	Contributor address; City; 23712 BAYS CHAPEL, RICHARDS, T		2,500.00	
Principal popur	ation / Job title (See Instructions)	Employer (See Instruction	one\	
i ilicipai occup	andity son the (See High delicits)	Employer (Jee matrices	olis)	
Date	Full name of contributor out-of-size PAC (ID:	#:)	Amount of contribution (\$)	
04/11/2024		State; Zip Code	2,100.00	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons) .	
Date	Full name of contributor out-of-state PAC (ID:	#:)	Amount of contribution (\$)	
04/11/2024	TROY LOGAN Contributor address; City; 22650 BANEBERRY RD, MAGNOLIA,	State; Zip Code	2,300.00	
Principal occupation / 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	I pages Schedule A1:	
2 FILER NAME CONSTAI	BLE CHRIS JONES	3 Filer	ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#: JOSEPH PARKER		ount of contribution (\$)	
04/11/2024	6 Contributor address; City; State PO BOX 908, MAGNOLIA, TX 7735	e; Zip Code	1,400.00	
8 Principal occu	pation / Job title (See Instructions) 9 En	nployer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:		ount of contribution (\$)	
04/11/2024	Contributor address; City; State 11058 CRAWFORD CIRCLE, MONTGOMERY, T.		1,400.00	
Principal occup	pation / Job title (See Instructions)	oployer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:		ount of contribution (\$)	
04/11/2024	Contributor address; City; State 3035 COROLLA RD, MAGNOLIA, T		1,800.00	
Principal occup	pation / Job title (See Instructions) En	nployer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#: JOSEPH PARKER) Amo	ount of contribution (\$)	
04/11/2024	**!************************************		3,600.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				

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The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: 48
2 FILER NAME CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID	#:)	7 Amount of contribution (\$)
04/11/2024	6 Contributor address; City; 27015 SPRINGWOOD, MAGNOLIA, T	State; Zip Code	2,600.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID	#)	Amount of contribution (\$)
04/11/2024		State; Zlp Code	1,500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date		#:)	Amount of contribution (\$)
04/11/2024	CASEY ESTES Contributor address; City; 27015 SPRINGWOOD, MAGNOLIA, T	State; Zip Code	2,100.00
Principal occup	vation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID	#:	Amount of contribution (\$)
04/11/2024	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State; Zip Code	6,100.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instruction	ons)
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SCHEDULE A1

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The	Instruction Guide explains how to complete this	form,	1 Total pages Schedule A1: 48
2 FILER NAME CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) MICHAEL GOFORTH		7 Amount of contribution (\$)
04/11/2024	6 Contributor address; City; 7206 NICKABURR CREEK, MAGNO	State; Zip Code	2,500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC JEFF GOEBEL	(ID#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City; 32002 PATTY'S LANDING, MAGNOI	State; Zip Code	3,100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date			Amount of contribution (\$)
04/11/2024	CLIQLY.COM, LLC Contributor address; City; 5 HUNTINGTON WOODS DR, TOME	State; Zip Code BALL, TX 77375	3,500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC BRAD STAPP	(ID#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City; 8527 MAJESTIC LAKE CT, MONTGOMERY	State; Zip Code	7,200.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ons)
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The	Instruction Guide explains how to comple	te this form.	1 Total pages Schedule A1: 48
2 FILER NAME CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-s JEFF LAUDERDALE	state PAC (ID#:)	7 Amount of contribution (\$)
04/11/2024	6 Contributor address; City; 29032 CHAMPIONS DR, MAGN	State; Zip Code	2,500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date		tate PAC (ID#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City;	State; Zip Code	6,500.00
Principal occup	215 GAILLARDIN, PINEHU	Employer (See Instruc	tions)
Date 04/11/2024	Full name of contributor out-of-si BILL ELLISON Contributor address; City; 2111 N FRAZIER, CONRO	State; Zip Code	Amount of contribution (\$) 8,000.00
Principal occu	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor cut-of-st	tate PAC (ID#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City; 2111 N FRAZIER, CONRO	State; Zip Code	13,500.00
Principal occu	ation / Job title (See Instructions)	Employer (See Instruc	itlons)
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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: 1
2 FILER NAME CONSTAI	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor cut-of-state PAC (I	ID#:)	7 Amount of contribution (\$)
04/11/2024	6 Contributor address; City; 23214 MAGNOLIA HILLS DR, MAGN	State; Zip Code	1,500.00
8 Principal occu	pation / Job title (See Instructions)		ons)
Date	Full name of contributor out-of-state PAC (I) 	Amount of contribution (\$)
04/11/2024		State; Zip Code OLIA, TX 77354	3,100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (I	D#:	Amount of contribution (\$)
04/11/2024	CLIQLY.COM, LLC Contributor address; City; 5 HUNTINGTON WOODS DR, TOMB	State; Zip Code	25.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (I	D#)	Amount of contribution (\$)
04/11/2024	Contributor address; City; 5 HUNTINGTON WOODS DR, TOME	State; Zip Code BALL, TX 77375	50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 48
2 FILER NAME CONSTAI	BLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	
04/11/2024	6 Contributor address; City; State; 503 WHISPERING MEADOW, MAGNOLIA	Zip Code A, TX 77355
8 Principal occu	pation / Job title (See Instructions) 9 Emp	oloyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/11/2024	CPM CONSTRUCTION, LLC	050.00
04/11/2024	Contributor address; City; State;	Zip Code 250.00
	503 WHISPERING MEADOW, MAGNOLIA	
Principal occup	ation / Job title (See Instructions) Emp	oloyer (See Instructions)
Date	Full name of contributor oul-of-state PAC (ID#:	Amount of contribution (\$)
04/11/2024	CLIQLY.COM, LLC	F00 00
04/11/2024	Contributor address; City; State;	Zip Code 500.00
	5 HUNTINGTON WOODS DR, TOMBALL,	TX 77375
Principal occup	eation / Job title (See Instructions) Emp	oloyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/44/0004	CLIQLY.COM, LLC	
04/11/2024	Contributor address; City; State;	7 1,200.00
	5 HUNTINGTON WOODS DR, TOMBALL,	
Principal occup	ation / Job title (See Instructions) Emp	oloyer (See Instructions)
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SCHEDULE A1

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I ne	Instruction Guide explains how to complete this form.	48
2 FILER NAME CONSTA	BLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor cut-of-state PAC (ID#: CPM CONSTRUCTION, LLC	
04/11/2024	6 Contributor address; City; State; Zi	T00.00
	503 WHISPERING MEADOW, MAGNOLIA, TX	
8 Principal occu	pation / Job title (See Instructions) 9 Employer	r (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/11/2024	STEVE ALLISON	150.00
U-7/11/2U2-1	Contributor address; City; State; Zi	150.00
	25235 HARDIN STORE RD, MAGNOLIA, TX	77354
Principal occup	pation / Job title (See Instructions) Employer	r (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/11/2024	TRACY ANDERSON	250.00
	Contributor address; City; State; Zig	
	103 RAIN LILY ST, MAGNOLIA, TX 773	355
	1	i
Principal occup	pation / Job title (See Instructions) Employer	r (See Instructions)
Principal occup	Full name of contributor out-of-state PAC (ID#:	
Date		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 100.00
Date 04/11/2024	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 100.00
Date 04/11/2024	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 100.00 354
Date 04/11/2024	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 100.00 354
Date 04/11/2024	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 100.00 354
Date 04/11/2024	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 100.00 354

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SCHEDULE A1

The	Instruction Guide explains how to complet	e this form.	1 Total pages Schedule A1:
2 FILER NAME	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-sta	ate PAC (ID#:)	7 Amount of contribution (\$)
04/11/2024	6 Contributor address; City; 7402 OAK BLUFF, MAGNO	State; Zip Code	300.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date		ate PAC (ID#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City;	State; Zip Code	90.00
Principal occup	7402 OAK BLUFF, MAGNO	Employer (See Instruction	ions)
Date		ate PAC (ID#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City; 22419 MEADOWSWEET DR, M	State; Zip Code	150.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City; 22419 MEADOWSWEET DR, M	State; Zip Code	200.00
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 fo	orm.	1 Total pages Schedule A1:
2 FILER NAME CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (IE RUSSELL BIRD		7 Amount of contribution (\$)
04/11/2024	6 Contributor address; City; 171 TOWN PARKS DR, CONRO	State; Zip Code	430.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (IE)#:)	Amount of contribution (\$)
04/11/2024	***************************************	State; Zip Gode	100.00
	26911 SPOTTED PONY CT, MAGNO	LIA, TX 77355	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date)#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City;	State; Zip Code	150.00
	26911 SPOTTED PONY CT, MAGNO	· · ·	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (IDBOBBIE BRADIE)#:	Amount of contribution (\$)
04/11/2024	Contributor address; City;	State; Zlp Code	40.00
	7011 EVERGREEN ST, MAGNOLIA,	TX 77354	10.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)

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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: 48
2 FILER NAME CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2024	5 Full name of contributor out-of-state PAC (I BOBBIE BRADIE	D#:)	7 Amount of contribution (\$)
U47 1 17 202 4	6 Contributor address; City; 7011 EVERGREEN ST, MAGNOLIA,	State; Zip Code TX 77355	55.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	· ·	D#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City;	State; Zip Code	60.00
Principal occup	7011 EVERGREEN ST, MAGNOLIA, ration / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (I	D#:	Amount of contribution (\$)
04/11/2024	MICHELL BRADIE Contributor address; City: 7011 EVERGREEN ST, MAGNOLIA,	State; Zip Code	65.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City; 7011 EVERGREEN ST, MAGNOLIA,	State; Zip Code	80.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instruction	ons)
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The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A1: 48
2 FILER NAME CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-s SEAN BRYANT	itate PAC (ID#:)	7 Amount of contribution (\$)
04/11/2024	6 Contributor address; City; 2403 CANTER LN, CONRO	• •	600.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-s	tate PAC (ID#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City; 31814 DEBBI LN, MAGNO	•	40.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor out-of-s	tate PAC (ID#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City; 31814 DEBBI LN, MAGNO	State; Zip Code LIA, TX 77355	300.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-st	late PAC (ID#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City; 19102 INDIGO LAKE DR, MAG	State; Zip Code	75.00
Principal occup	ation / 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 CONSTA	BLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) BARRY & ROBIN CARTER	7 Amount of contribution (\$)
04/11/2024	6 Contributor address; City; State; Zip Code 19102 INDIGO LAKE DR, MAGNOLIA, TX 77355	275.00
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
04/11/2024	TIFFANY CHOLEWIN	500.00
	Contributor address; City; State; ZIp Code 28613 CHAMPIONS DR, MAGNOLIA, TX 77355	300.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
04/11/2024	BRYAN CHRIST	25.00
	Contributor address; City; State; Zip Code 29567 TUDOR WAY, MAGNOLIA, TX 77355	23.00
Principal occuj	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
04/11/2024	KRISTIN CHRIST	25.00
	Contributor address; City; State; Zip Code 29567 TUDOR WAY, MAGNOLIA, TX 77355	25.00
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: 118
2 FILER NAME CONSTA	BLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: JEREMY CHRIST	
04/11/2024	6 Contributor address; City; State 29567 TUDOR WAY, MAGNOLIA,	30.00 X 77355
8 Principal occu	pation / Job title (See Instructions) 9 En	nployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: KRISTIN CHRIST	Amount of contribution (\$)
04/11/2024		75.00
Principal occup		nployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/11/2024	•••••••••••••••••••••••••••••••••••••••	7304 40.00
Principal occup	ation / Job title (See Instructions) En	nployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/11/2024		7304 40.00
Principal occup		nployer (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS	

SCHEDULE A1

The	e Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME CONSTA	BLE CHRIS JONES			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor JOEL ENGLISH		C (ID#:)	7 Amount of contribution (\$)
04/11/2024	6 Contributor address;	City;	State; Z ip Code	100.00
	11007 NORTHPONTE BLV	D STE E, TOM	BALL, TX 77375	100100
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date	Full name of contributor JOEL ENGLISH	out-of-state PA	C (ID#:)	Amount of contribution (\$)
04/11/2024	Contributor address;	City;	State; Zip Code	300.00
	11007 NORTHPOINTE BLV	/D STE E, TOM	•	000.00
Principal occur	 pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor JOEL ENGLISH		C (ID#:)	Amount of contribution (\$)
04/11/2024	Contributor address; 11007 NORTHPOINTE BLV	City;	State; Zip Code IBALL, TX 77375	400.00
Principal occup	pation / Job title (See Instructions)	Wall-	Employer (See Instruc	I ctions)
Date	Full name of contributor CASEY ESTES	out-of-state PA(C (ID#:)	Amount of contribution (\$)
04/11/2024	Contributor address;	Clty;	State; Zip Code	40.00
	27015 SPRINGWOOD,	, MAGNOLIA	, TX 77354	70.00
Principal occup	} pation / Job title (See Instructions)		Employer (See Instruc	Letions)

SCHEDULE A1

The	e Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 48
FILER NAME	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
4/11/2024	6 Contributor address; City;	State; Zip Code	55.00
	27015 SPRINGWOOD, MAGNOLIA	A, TX 77354	00.00
Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date		\C (lD#:)	Amount of contribution (\$)
4/11/2024	CASEY ESTES		050.00
4/ I I/ZUZ4	Contributor address; City;	State; Zip Code	250.00
	27015 SPRINGWOOD, MAGNOLIA	A, TX 77354	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	clons)
Date	Full name of contributor out-of-state PA	G (ID#:)	Amount of contribution (\$)
4/11/2024	CASEY ESTES		200 00
171172024	Contributor address; City;	State; Zip Code	300.00
	27015 SPRINGWOOD, MAGNOLIA	A, TX 77354	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
4/11/2024	CASEY ESTES		0 000 00
4/11/2024	Contributor address; City;	State; Zip Code	2,300.00
	27015 SPRINGWOOD, MAGNOLIA	A, TX 77354	,
Principal occu	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 th	is form.	1 Total pages Schedule A1:
2 FILER NAME CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state P DONNA GATEWOOD	PAC (ID#:)	7 Amount of contribution (\$)
04/11/2024	6 Contributor address; City; 28223 MEADOW FALLS, MAGNO	State; Zip Code	2,700.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state P	AC (ID#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City; 7206 NICKABURR CREEK, MAGN	State; Zip Code	45.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 04/11/2024	Full name of contributor out-of-state Pour MICHAEL GOFORTH	AC (ID#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City; 7206 NICKABURR CREEK, MAGN	State; Zip Code	125.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state P/	AC (ID#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City;	State; Zip Code	150.00
Principal occup	40713 LOST SAN SABA LN, MONTGOME	ERY, TX 77316 Employer (See Instructi	ions)
. , , , , , , , , , , , , , , , , , , ,	ATTACH ADDITIONAL CONTR	OF THE COURSE CASE	FEREN
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		

SCHEDULE A1

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II the reque	sted information is not applicable, DO 1	NOT include this page in the	report.
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule A1: 48
2 FILER NAME CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	EVA GORDON	-state PAC (ID#:)	7 Amount of contribution (\$)
04/11/2024	6 Contributor address; City; PO BOX 1461, MAGNOLIA	State; Zip Code	65.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 04/11/2024	Full name of contributor out-of-	-state PAC (ID#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City; PO BOX 1461, MAGNOLIA	· •	180.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-	state PAC (ID#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City; PO BOX 1461, MAGNOLIA	· '	1,350.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-	state PAC (ID#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City;	State; Zip Code	20.00
32590 REIDS PRAIRIE RD, WALLER, TX 77484 Principal occupation / Job title (See Instructions) Employer (See Instructions)			·····
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	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS NI ee Instruction guide for additional re	

SCHEDULE A1

if the reques	ited information is not applicable, DO NOT inclu	de this page in the r	eport.
The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1:48
2 FILER NAME CONSTAI	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (IDF	#:)	7 Amount of contribution (\$)
04/11/2024	6 Contributor address; City; S 32590 REIDS PRAIRIE RD, WALLER,	State; Zip Code	65.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#	<i>!</i> :	Amount of contribution (\$)
04/11/2024	Contributor address; City; S 32590 REIDS PRAIRIE RD, WALLER,		85.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)
04/11/2024	CINDY HENDRIX Contributor address; City; S PO BOX 120, PINEHURST, TX 7	State; Zip Code	1,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#	<u>. </u>	Amount of contribution (\$)
04/11/2024	Contributor address; City; S 33505 COMANCHE TRAIL, MAGNOLL	State; Zip Code A, TX 77355	130.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
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SCHEDULE A1

II the reque	sted information is not applicable, DO NOT Inc	aude this page in the i	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	JASON HERMANN	(ID#:)	7 Amount of contribution (\$)
04/11/2024	6 Contributor address; City; 33505 COMANCHE TRAIL, MAGNO	State; Zip Code	575.00
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 (\$)
04/11/2024	Contributor address; City; 218 HALL DR S, MONTGOMEF	· · ·	130.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
04/11/2024		State; Zip Code RY, TX 77316	205.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City; 6217 MEDLEY RD, NEW WAVERLY	State; Zip Code	30.00
Principal occupation / 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	iorm.	1 Total pages Schedule A1: 48	
2 FILER NAME CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	
04/11/2024	6 Contributor address; City; 6217 MEDLEY RD, NEW WAVERLY,	State; Zlp Code	210.00	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
04/11/2024	Contributor address; City;	State; Zip Code	20.00	
	6533 W SAM HOUSTON PKWY, HOUSTON	· '	20.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ons)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
04/11/2024	MIKE KASSOUFF		E0 00	
	Contributor address; City; 6533 W SAM HOUSTON PKWY, HOUSTON	State; Zlp Code , TX 77041	50.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date	Full name of contributor out-of-state PAC (D#:)	Amount of contribution (\$)	
04/11/2024	MIKE KASSOUFF		EO	
	Contributor address; City; 6533 W SAM HOUSTON PKWY, HOUSTON	State; Zip Code , TX 77041	50.00	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)	
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SCHEDULE A1

The	Instruction Guide explains how to	o complete t	hls form.	1 Total pages Schedule A1:
2 FILER NAME CONSTA	BLE CHRIS JONES			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor MIKE KASSOUFF		PAC (ID#:)	7 Amount of contribution (\$)
04/11/2024	6 Contributor address; 6533 W SAM HOUSTON PKV	City;	State; Zip Code	85.00
3 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	l tions)
Date	Full name of contributor MIKE KASSOUFF	out-of-state	PAC (ID#:)	Amount of contribution (\$)
04/11/2024	Contributor address; 6533 W SAM HOUSTON PKV	City; VY, HOUST	State; Zip Code	120.00
Principal occuj	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor MIKE KASSOUFF	out-of-state	PAC (ID#:)	Amount of contribution (\$).
04/11/2024		City;	State; Zip Code	420.00
Principal occuj	 pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state I	PAC (ID#:)	Amount of contribution (\$)
04/11/2024	JEFF LAUDERDALE Contributor address; 29032 CHAMPION DR, I	City;	State; Zip Code	120.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
100 M				

SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 48
2 FILER NAME CONSTA	BLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	
04/11/2024	6 Contributor address; City; State; 29032 CHAMPION DR, MAGNOLIA, TX 77	
8 Principal occu	pation / Job title (See Instructions) 9 Empl	oyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/11/2024	Contributor address; City; State; 29032 CHAMPION DR, MAGNOLIA, TX 77	1,000.00
Principal occup	eation / Job title (See Instructions) Emplo	oyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/11/2024	BRANDON MERCANTEL Contributor address; City; State; 26128 ENZOS WAY, MONTGOMERY, TX 7	Zip Code 77316 400.00
Principal occup	eation / Job title (See Instructions) Empl	pyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/11/2024	BRANDON MERCANTEL Contributor address; City; State; 26128 ENZOS WAY, MONTGOMERY, TX	550.00
Principal occup		oyer (See Instructions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	,
04/11/2024	6 Contributor address; City; State; Zip Cod 22723 BANEBERRY RD, MAGNOLIA, TX 77355	1 1/2 (1)(1)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See	a Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (4)
04/11/2024	Contributor address; City; State; Zip Coc 22723 BANEBERRY RD, MAGNOLIA, TX 77355	50.00
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	
04/11/2024	Contributor address; City; State; Zip Cod 22723 BANEBERRY RD, MAGNOLIA, TX 77355	/ / / / / / / / / / / / / / / / / / /
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
04/11/2024	Contributor address; City; State; Zip Code 22723 BANEBERRY RD, MAGNOLIA, TX 77355	115.00
Principal occup	pation / Job title (See Instructions) Employer (See	e Instructions)

SCHEDULE A1

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II SIO TOQUO		
The	instruction Guide explains how to complete this form.	1 Total pages Schedule A1:48
2 FILER NAME CONSTA	BLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) HOLLY PALERMO	7 Amount of contribution (\$)
04/11/2024	6 Contributor address; City; State; Zip Code 29543 SKY FOREST CIR, MAGNOLIA, TX 77355	25.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) HOLLY PALERMO	Amount of contribution (\$)
04/11/2024	Contributor address; City; State; Zip Code 29543 SKY FOREST CIR, MAGNOLIA, TX 77355	30.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ations)
Date	Full name of contributor out-of-state PAC (ID#:) HOLLY PALERMO	Amount of contribution (\$)
04/11/2024	Contributor address; City; State; Zip Code 29543 SKY FOREST CIR, MAGNOLIA, TX 77355	35.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	otions)
Date	Full name of contributor out-of-state PAC (ID#:) HOLLY PALERMO	Amount of contribution (\$)
04/11/2024	Contributor address; City; State; Zip Code 29543 SKY FOREST CIR, MAGNOLIA, TX 77355	100.00
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 CONSTA	BLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)
04/11/2024	6 Contributor address; City; State; Zip Code PO BOX 908, MAGNOLIA, TX 77353	45.00
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 (\$)
04/11/2024	Contributor address; Clty; State; Zlp Code PO BOX 908, MAGNOLIA, TX 77353	80.00
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	7 and a continuous (4)
04/11/2024	Contributor address; City; State; Zip Code 25434 HARDIN STORE RD, MAGNOLIA, TX 77354	170.00
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/11/2024	DAVID SCHANBACHLER Contributor address; City; State; Zip Code 6803 SIERRA CT, MONTGOMERY, TX 77316	85.00
Principal occup	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 CONSTAI	BLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) DAVID SCHANBACHLER	7 Amount of contribution (\$)		
04/11/2024	6 Contributor address; City; State; Zip Code 6803 SIERRA CT, MONTGOMERY, TX 77316	200.00		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)		
Date	Full name of contributor out-of-state PAC (IDII:) DAVID SCHANBACHLER	Amount of contribution (\$)		
04/11/2024	Contributor address; City; State; Zip Code 6803 SIERRA CT, MONTGOMERY, TX 77316	555.00		
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ations)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
04/11/2024 DAVID SCHANBACHLER Contributor address; City; State; Zip Code 6803 SIERRA CT, MONTGOMERY, TX 77316		700.00		
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	etions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
04/11/2024	MARK SELLERS Contributor address; City; State; Zip Code	125.00		
Principal occup	27041 CANYON RANCH CIR, MAGNOLIA, TX 77355 ation / 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	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2024	5 Full name of contributor cut-of-state PAC (ID#:) LINDA STUCKEY		7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date 04/11/202,4	Full name of contributor out-of-state PAC LINDA STUCKEY Contributor address; City; 30310 CHARLIE LN, MAGNOL	·	Amount of contribution (\$) 50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 04/11/2024	KEN WALLING	State; Zip Code	Amount of contribution (\$) 75.00
Principal occu	Dation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 04/11/2024	KEN WALLING	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

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SCHEDULE A1

If the reques	sted information is not applicable, DO NOT inc	lude this page in the re	eport.
The	instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC of KEN WALLING	(ID#:)	7 Amount of contribution (\$)
04/11/2024	6 Contributor address; City; 25011 SILVER LEAF, MAGNOL	State; Zip Code	450.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (Amount of contribution (\$)
04/11/2024	••••••	State; Zlp Code	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City; 19702 INDIGO LAKE DR, MAGNOLIA	State; Zip Code A, TX 77355	120.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (;ID#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City; 19702 INDIGO LAKE DR, MAGNOLL	State; Zip Code A. TX 77355	1,350.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
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SCHEDULE A1

if the reques	sted information is not applicable, DO NOT incl	ude this page in the r	eport.
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 48
2 FILER NAME CONSTAI	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	KRISTY & JAMES WISCHNEWSKY		7 Amount of contribution (\$)
04/11/2024			150.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City; 28332 TIMBER VILLAGE, MAGNOLIA	State; Zlp Code A, TX 77355	30.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor cut-of-state PAC (I	D#:)	Amount of contribution (\$)
04/11/2024	Contributor address; City; 28332 TIMBER VILLAGE, MAGNOLIA	State; Zip Code A, TX 77355	450.00
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 (\$)
04/11/2024	Contributor address; City;	State; Zip Code	1,500.00
Principal occup	28332 TIMBER VILLAGE, MAGNOLIA ation / Job title (See Instructions)	Employer (See Instructi	ons)
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SCHEDULE A1

The	Instruction Guide explains how to co	omplete this form.	1 Total pages Schedule A1: 48
FILER NAME	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
1 Date	5 Full name of contributor o	out-of-state PAC (ID#:	7 Amount of contribution (\$)
)4/11/2024		City; State; Zip Code	600.00
Principal occ	19802 INDIGO LAKE DR, N	9 Employer (See Instr	uctions)
Date	Full name of contributor o	out-of-state PAC (ID#:	Amount of contribution (\$)
04/11/2024	KENNY ZIENTEK		00.00
14/11/2024	Contributor address; 25587 MAGNOLIA PINES,	City: State; Zip Code MAGNOLIA, TX 77355	80.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instr	uctions)
Date		ul-of-state PAC (ID#:	Amount of contribution (\$)
04/11/2024	Contributor address; Capacita FM 2978, MAGN	City; State; Zip Code	550.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instr	uctions)
Date	Full name of contributor o	out-of-state PAC (ID#:	Amount of contribution (\$)
24/44/0004	MIKE BESEKAR		40000
)4/11/2024		City; State; Zip Code	100.00
Principal occu	l pation / Job title (See Instructions)	Employer (See Instr	uctions)

SCHEDULE A2

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

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TI	ne Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2: US	
2 FILER NAM			3 Filer ID (Ethics Co	ommission Filers)
CONSTA	ABLE CHRIS JONES			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 6	
5 Date	6 Full name of contributor)	Contribution \$	9 In-kind contribution description
04/11/2024	7 Contributor address; City; State;	Zip Code	100.00	WHISKEY GLASS & DECANTER BASKET
	12107 CAROL LN, PINEHURST, TX 773	62	Check if travel outs	l ide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDIC)	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law		15 Law firm	v firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		A . A	
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
04/11/2024	BRANDIE LOPEZ	• • • • • • • • • • • • • • • • • • • •	300.00	CANVAS ART
	Contributor address; City; State; 19380 TX 105 # 507, MONTGOMERY, TX	Zip Code X 77356		 de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe		AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	JDICIAL) (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)	<u> </u>		

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SCHEDULE A2

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2 FILER NAM			3 Filer ID (Ethics Co	ommission Filers)
CONSTA	ABLE CHRIS JONES			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ \$\mathcal{O}\$	
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of	9 In-kind contribution
	DA BRETT LIGON		Contribution \$	description
04/11/2024	7 Contributor address; City; State;	Zip Code	180.00	CHIMINEA
	PO BOX 805, MONTGOMERY, TX	•		<u>;</u>
40 = 1				ide of Texas. Complete Schedule T.
IU Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	n ⊏mpioye	at (LOK MOM-20DICI	AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15		15 Law firm	n of contributor's spou	ise (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
D-4-	Fuli name of contributor)	Amount of	In-kind contribution
Date	BRYANT POLLARD		Contribution \$	description
04/11/2024	***************************************		30.00	PEANUT
0 () () 202 (Contributor address; City; State;	Zip Code	00.00	BRITTLE
,	31330 SUGAR BEND DR, MAGNOLIA, T	X 77355	Check if travel outsi	ide of Texas, Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JL	JDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	ise (if any) (FOR JUDICIAL)
lf contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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SCHEDULE A2

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2 FILER NAM			3 Filer ID (Ethics Commission Filers)	
CONSTA	ABLE CHRIS JONES	,,,,,,		
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 10	
5 Date	6 Full name of contributor)	8 Amount of Contribution \$	9 In-kind contribution description
04/11/2024			35.00	HOMEMADE PIE
V-11 1 1/202-1	7 Contributor address; City; State;	Zip Code]
	31330 SUGAR BEND DR, MAGNOLIA, T	X //355	Check if travel outs	ide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	12 Contributor's principal occupation (FOR JUDICIAL) 13 Contri		utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law		15 Law firr	firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of	In-kind contribution
	BRYANT POLLARD		Contribution \$	I description I HOMEMADE PIE
04/11/2024	Contributor address; City; State;	Zip Code	40.00	
	31330 SUGAR BEND DR, MAGNOLIA, T	•	Check if travel outs	ide of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL) Law fi		Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)
if contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Marinina de la companya de la compa

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2 FILER NAM	IE .		3 Filer ID (Ethics Co	ommission Filers)
CONSTA	ABLE CHRIS JONES			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		BUTIONS	\$ \$	
5 Date	- I		8 Amount of Contribution \$	9 In-kind contribution description
	COMMISSIONER CHARLIE RILEY		50.00	SWEET SUMMER
04/11/2024	7 Contributor address; City; State;	Zip Code		DRINK SET
	31803 COTTONWOOD LN, MAGNOLIA, TX 7738	55	Check if travel outs	 ide of Texas. Complete Schedule T.
10 Principal occ	Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) 11 Employ		er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Lat		15 Law firm	5 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L		
Date	Full name of contributor)	Amount of	In-kind contribution
Date	COMMISSIONER CHARLIE RILEY		Contribution \$	description
04/11/2024	Contributor address; City; State;	Zip Code	45.00	GARDEN FLOWERS
	31803 COTTONWOOD LN, MAGNOLIA, TX 7735	55	Check if travel outs	 ide of Texas, Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	FOR NON-JUDICI	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

SCHEDULE A2

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2 FILER NAM	E		3 Filer ID (Ethics Co	ommission Filers)
CONSTA	ABLE CHRIS JONES			
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ &	
5 Date	6 Full name of contributor)	8 Amount of Contribution \$	9 In-kind contribution description
04/11/2024			175.00	BACK THE
04/11/2024	7 Contributor address; City; State;	Zip Code		BLUE WREATH
	31803 COTTONWOOD LN, MAGNOLIA, TX 773	55	Check if travel outs	lide 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)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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)			
Date	Full name of contributor		Amount of	 In-kind contribution
	COMMISSIONER CHARLIE RILEY	,	Contribution \$	description CORDLESS
04/11/2024	Contributor address; City; State;	Zip Code	60.00	DRILL
	31803 COTTONWOOD LN, MAGNOLIA, TX 7738	55	Check if travel outsi	l de of Texas, Complete Schedule T.
Principal occ	supation / 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	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	ł,		

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Th	e Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2: US
2 FILER NAME	<u> </u>		3 Filer ID (Ethics Co	mmission Filers)
CONSTA	BLE CHRIS JONES			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ \$	
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description
04/11/2024	7 Contributor address; City; State;	Zip Code	500.00	BBQ CATERING FOR 20 PEOPLE
	41902 FM 1774, MAGNOLIA, TX 7	7354	Check if travel outsi	de of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
D-1-	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
Date	COMMISSIONER CHARLIE RILEY		Contribution \$	description GNOME
04/11/2024	Contributor address; City; State;	Zip Code	55.00	DOORMAT
	31803 COTTONWOOD LN, MAGNOLIA, TX 7735	5	Check if travel outsi	l de of Texas. Complete Schedule T.
Principal occi	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	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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2 FILER NAME CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$.00		
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:)	8 Amount of Contribution \$ 60.00	9 In-kind contribution description CORDLESS CAR	
04/11/2024	7 Contributor address; City; State; 31803 COTTONWOOD LN, MAGNOLIA, TX 7735	Zip Code 55	Check if travel outsi	JUMP STARTER de of Texas. Complete Schedule T.	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (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 Contribution \$	In-kind contribution description 12 PIECE KNIFE	
04/11/2024	Contributor address; City; State; 31803 COTTONWOOD LN, MAGNOLIA, TX 7735	Zip Code	150.00 Check if travel outside	SET de 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	utor's job title (FOR JU	DICIAL)(See Instructions)	
Contributor's	employer/ław firm (FOR JUDICIAL)	Law fim	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l			
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Tř	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2: US
2 FILER NAME		3 Filer ID (Ethics Co	ommission Filers)	
CONSTA	ABLE CHRIS JONES			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ &	
5 Date	6 Full name of contributor ut-of-state PAC (ID#:		8 Amount of Contribution \$	9 In-kind contribution description
	COMMISSIONER ROBERT WALK	ΞR	25.00	WALL ART
04/11/2024	7 Contributor address; City; State;	Zip Code		
; f	13585 WALKER RD, WILLIS, TX 77	7378	Check if travel outs	 ide of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDIC	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law		15 Law firn	m of contributor's spouse (if any) (FOR JUDICIAL)	
16 if contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	***************************************	4, 4,	A 1
Date	Full name of contributor 🔲 out-of-state PAC (ID#:		Amount of	In-kind contribution
	COMMISSIONER ROBERT WALKE	ER	Contribution \$	description MARGARITA
04/11/2024	Contributor address; City; State;	Zip Code	100.00	BASKET
	13585 WALKER RD, WILLIS, TX 77	7378	Check if travel outs	de of Texas, Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDIC	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	JDICIAL)(See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
				THE SHE WAS A SHEET OF THE SHEE
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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2 FILER NAME		3 Filer ID (Ethics Co	ommission Filers)	
CONSTA	ABLE CHRIS JONES			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$\$		
5 Date	6 Full name of contributor)	8 Amount of	9 In-kind contribution
	COMMISSIONER ROBERT WALKI	ER	Contribution \$	description
04/11/2024	7 Contributor address; City; State;	Zip Code	125.00	PATIO TABLE & CHAIRS
	13585 WALKER RD, WILLIS, TX 7	•		Ī
		·	L	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)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JL	JDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15 La		15 Law firm	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
M-t-	Full name of contributor)	Amount of	In-kind contribution
Date	COMMISSIONER ROBERT WALKE	ER	Contribution \$	description WALL ART
04/11/2024	Contributor address; City; State;	Zip Code	150.00	
	13585 WALKER RD, WILLIS, TX 77	7378	Check if travel outsi	lide of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(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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2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
CONSTA	ABLE CHRIS JONES			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 1	
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description
04/11/2024	7 Contributor address; City; State;	Zip Code	30.00	BRAVOKIDS LCD WRITING TABLET
	13585 WALKER RD, WILLIS, TX 7	7378	Check if travel outsi	i ide of Texas. Complete Schedule T.
10 Principal occ	rupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JL	DICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	ER	Amount of Contribution \$	I In-kind contribution description
04/11/2024	Contributor address; City; State;	Zip Code	45.00	WRITING TABLET
	13585 WALKER RD, WILLIS, TX 77	7378	Check if travel outside	l de 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)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	m 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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	he Instruction Guide explains how to complete this form	n.	1 Total pages Sched	Jule A2: 68
2 FILER NAM	E		3 Filer ID (Ethics Co	ommission Filers)
CONSTA	ABLE CHRIS JONES			
4 TOTAL O	PF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ &	
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description
04/11/2024		,	55.00	RECHARGEABLE FLASHLIGHT
	7 Contributor address; City; State; 13585 WALKER RD, WILLIS, TX 77	Zip Code 7378	Chack if traval outs	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	l l		IAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15 L		15 Law firm	n of contributor's spoບ	use (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of	In-kind contribution
	COMMISSIONER ROBERT WALKE	ĒR	FIR	description FIRST AID KIT
04/11/2024	Contributor address; City; State;	Zip Code	65.00	
	13585 WALKER RD, WILLIS, TX 77	′378	Check if travel outs	ide of Texas. Complete Schedule T.
Principal occ	Supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	IAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	use (if any) (FOR JUDICIAL)
If contributor	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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T	he Instruction Guide explains how to complete this form	n.	1 Total pages Sched	dule A2: 6
2 FILER NAM			3 Filer ID (Ethics C	ommission Filers)
CONSTA	ABLE CHRIS JONES			
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0	
5 Date	- Dato		8 Amount of Contribution \$	9 In-kind contribution description
	COMMISSIONER ROBERT WALK	=K	75.00	GARDEN
04/11/2024 7 Contributor address; City; State; Zip Code			CLIPPERS	
	13585 WALKER RD, WILLIS, TX 77	7378	Check if travel outs	 side of Texas. Complete Schedule T.
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDIC	IAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR J	UDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm	n of contributor's spot	use (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			U. L. Linkoviii
Date	Full name of contributor)	Amount of	In-kind contribution
·	COMMISSIONER ROBERT WALKE	ER	Contribution \$	description SOLAR YARD
04/11/2024	Contributor address; City; State; Zip Co		75.00	PUP
	13585 WALKER RD, WILLIS, TX 77	77378 Check if travel outside of T		side of Texas, Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDIC	IAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JI	UDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm	n of contributor's spou	use (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

SCHEDULE A2

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TI	he Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2: US
2 FILER NAM	CONSTABLE CHRIS JONES		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$ \$	
5 Date 04/11/2024	6 Full name of contributor out-of-state PAC (ID#:	Zip Code	8 Amount of Contribution \$ 50.00	9 In-kind contribution I description I GARDEN I SPRAYER I de 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)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/11/2024	Full name of contributor	71- 0-1-	Amount of Contribution \$	In-kind contribution description JEWELRY HANGER
	Contributor address; City; State; 31833 WALNUT CREEK RD, MAGNOLIA, TX 773	Zip Code 355		HANGER de of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICA	<u> </u>
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (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 T	HIS SCHEDL	JLE AS NEEDED	
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

SCHEDULE A2

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2 FILER NAM	E		3 Filer ID (Ethics Co	ommission Filers)
CONSTA	ABLE CHRIS JONES			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ &	
5 Date	6 Full name of contributor)	8 Amount of Contribution \$	9 In-kind contribution description
04/11/2024	7 Contributor address; City; State;	Zip Code	50.00	CHARCUTERIE BOARD
	31833 WALNUT CREEK RD, MAGNOLIA, TX 77	355	Check if travel outsi	lde of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JL	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law fim	of contributor's spou	se (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
	CRISSI GRIMM		Contribution \$	description WALL ART
04/11/2024	Contributor address; City; State;	Zip Code	70.00	
	31833 WALNUT CREEK RD, MAGNOLIA, TX 773	355	Check if travel outsi	l de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDIC)	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	IDICIAL) (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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5 Date	6 Full name of contributor out-of-state PAC (ID#:		Contribution \$	9 In-kind contribution description
04/11/2024	7 Contributor address; City; State;	Zip Code	20.00	EARRINGS AND NECKLACE SET
	31833 WALNUT CREEK RD, MAGNOLIA, TX 773	355	Check if travel outs	I ide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	r (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n 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)			
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of	In-kind contribution
04/44/2024	CTC GUNWORKS, LLC		Contribution \$ 150.00	description RED DOT SIGHT
04/11/2024	Contributor address; City; State;	Zip Code	130.00	 -
	3200 NORTH FREEWAY, HOUSTON, T	< 77009	Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	m 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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4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ &	
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of	9 In-kind contribution
	DALE & BECKY BIBLE		Contribution \$	description
04/11/2024	7 Contributor address; City; State;	Zip Code	80.00	SNACK BASKET
	30806 GREEN FOREST DR, MAGNOLIA, TX 77			1
10 Deinainal acc	<u> </u>			ide of Texas. Complete Schedule T. AL)(See Instructions)
io Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	ar (FOK NON-JUDICI	AL)(See Instructions)
12 Contributor's	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	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor U out-of-state PAC (ID#:	}	Amount of	 In-kind contribution
	CTC GUNWORKS, LLC		Contribution \$	description
04/11/2024		Zin Corlo	205.00	¦ BRAVO 2 ⊢BATTLE SIGHT
	Contributor address; City; State; 3200 NORTH FREEWAY, HOUSTON, T)	Zip Code		
		17008	Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDIC).	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	DICIAL)(See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
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CONSTA	ABLE CHRIS JONES			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 8	
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description
	DALE & BECKY BIBLE	••••	85.00	SNACK BASKET
04/11/2024	7 Contributor address; City; State;	Zip Code	00.00	
	30806 GREEN FOREST DR, MAGNOLIA, TX 77	354	Check if travel outsi	 ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe		AL)(See Instructions)
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12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	IDICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	J	, , , , , , , , , , , , , , , , , , , ,	
	Full name of contributor		<u> </u>	
Date		·/	Amount of Contribution \$	In-kind contribution description
04/44/0004	DALE & BECKY BIBLE		130.00	DOG TREAT
04/11/2024	Contributor address; City; State;	Zip Code	130.00	BASKET
	30806 GREEN FOREST DR, MAGNOLIA	A, TX	Check if travel outsi	l de of Texas, Complete Schedule T.
Principal occ	supation / 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	DICIAL) (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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2 FILER NAM	2 FILER NAME		3 Filer ID (Ethics Co	ommission Filers)
CONSTA	ABLE CHRIS JONES			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$		\$ \$		
5 Date	DALE & BECKY BIBLE		8 Amount of Contribution \$	9 In-kind contribution description
			85.00	SNACK BASKET
04/11/2024	7 Contributor address; City; State;	Zip Code		
	30806 GREEN FOREST DR, MAGNOLIA, TX 773	354	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)
12 Gontributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law fit		15 Law firm	of contributor's spouse (If any) (FOR JUDICIAL)	
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of	In-kind contribution
Date	DALE & BECKY BIBLE		Contribution \$	description DOG TREAT
04/11/2024	Contributor address; City; State;	Zip Code	250.00	BASKET
	30806 GREEN FOREST DR, MAGNOLIA	, TX	Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	outor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$,0	
5 Date	Date 6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description
	DARLA CLAFF		150.00	! TEETH
04/11/2024	7 Contributor address; City; State;	Zip Code		WHITENING KIT
	18252 FM 1488, MAGNOLIA, TX 7	7354	Check if travel outs	 ide of Texas. Complete Schedule T.
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDIC	AL)(See Instructions)
12 Contributor	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u>l</u> , , , , , , , , , , , , , , , , , , ,	, ,	
Dt.	Full name of contributor)	Amount of	In-kind contribution
Date	DONNA MEYER		Contribution \$	description
04/11/2024			210.00	MIRROR
	Contributor address; City; State;	Zip Code -		[]
	37323 MASTERS CIRCLE, MAGNOLIA, TX 7735	5	Check if travel outs	ide of Texas. Complete Schedule T.
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDIC	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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SCHEDULE A2

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2 FILER NAM CONSTA	ABLE CHRIS JONES		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL C	PF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ \$	
5 Date	5 Date 6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description
04/11/2024	7 Contributor address; City; State;	Zip Code	700.00	GLOCK 43 PISTOL
	24191 WEEREN RD, MONTGOMERY, T	X //316	Check if travel outs	ide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	ise (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution
	GORDON WELCH		Contribution \$	description DERRINGER
04/11/2024	Contributor address; City; State; 24191 WEEREN RD, MONTGOMERY, T.	Zip Code X 77316	1,000.00 Check if travel outs	9MM PISTOL I ide 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	s principal occupation (FOR JUDICIAL)	Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
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4 TOTAL O	PF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ Ø	
5 Date	6 Full name of contributor)	8 Amount of Contribution \$	9 In-kind contribution description
04/11/2024	7 Contributor address; City; State;	Zip Code	1,350.00	SIDE CHICK BASKET
	29032 CHAMPIONS DR, MAGNOLIA, TX	< 773 <u>55</u>	Check if travel outs	I 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)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL)(See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	ise (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of	In-kind contribution
	JACKIE SMITH		Contribution \$	description ROUND OF
04/11/2024	Contributor address; City; State;	Zip Code	420.00	GOLF FOR 4
	37300 GOLF CLUB TRAIL, MAGNOLIA, TX 7735	5	Check if travel outsi	ide 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	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u></u>		

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CONSTA	ABLE CHRIS JONES			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ Ø	
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description
04/11/2024	7 Contributor address; City; State;	Zip Code	130.00	CHARCUTERIE BOARD BASKET
	12119 E BORDER OAK DR, MAGNOLIA, TX 773	54	Check if travel outsi	 ide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDIC)	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (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
Duto	JEFF CUNNINGHAM		Contribution \$	description WINE BARREL
04/11/2024	Contributor address; City; State;	Zip Code	550.00	YETI COOLER
	1935 CATTLE DR, MAGNOLIA, TX	77354	Check if travel outsi	l de 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)	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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5 Date	6 Full name of contributor		Contribution \$	9 In-kind contribution description
04/11/2024			150.00 Check if travel outsi	1 3 TON JACK 1 1 ide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDIC)	AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JL	JDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	ise (lf any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		e e e e e e e e e e e e e e e e e e e	
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description
04/11/2024	Contributor address; City; State; 14011 FM 2920, TOMBALLL, TX 77	Zip Code 7375	1,350.00	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICA	de of Texas. Complete Schedule T. AL.)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
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5 Date 6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description	
04/11/2024	7 Contributor address; City; State;	Zip Code	115.00	BEACH BAG BASKET
	802 TALL PINE DR, MAGNOLIA, TX 773	•		
	<u> </u>	I	J	side of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDIC	IAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR Ji	JDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15		15 Law firm	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			Lunius de Con
Date	Full name of contributor)	Amount of	In-kind contribution
	JAVIER RAMIREZ		Contribution \$	description
04/11/2024	Contributor address; City; State;	Zip Code	250.00	FISHING TRIP
	37307 DIAMOND OAKS, MAGNOLIA, TX	•	Check if travel outs	lide of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDIC	IAL.)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	use (if any) (FOR JUDICIAL)
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4 TOTAL O	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ \$	
5 Date	5 Date 6 Full name of contributor out-of-state PAC (ID#:) JENNIFER PORTER & NATALIE BURDITT		Contribution \$ description	9 In-kind contribution description SKIN CARE
04/11/2024	7 Contributor address; City; State;	Zip Code		BASKET
	27245 LANA LN, CONROE, TX 773	300 	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)
12 Contributor's principal occupation (FOR JUDICIAL) 13 Contrib		13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) 15		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u>,</u>		
Date	Full name of contributor	TT	Amount of Contribution \$	In-kind contribution description
04/11/2024	Contributor address; City; State;	Zip Code	300.00	BASKET
	27245 LANA LN, CONROE, TX 773	185	Check if travel outsi	। ide 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	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	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

SCHEDULE A2

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TI	ne Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2: 68
2 FILER NAM			3 Filer ID (Ethics Co	ommission Filers)
CONSTA	ABLE CHRIS JONES			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ \$	
5 Date	6 Full name of contributor)	8 Amount of	9 In-kind contribution
	HEATHER HARTENSTEINER		Contribution \$ 100.00	description SUMMER TIME
04/11/2024	7 Contributor address; City; State;	Zip Code	100.00	WREATH
	19616 HIGH MEADOW PRESERVE CT, MAGNOLIA,	•		İ
40	<u>l</u>	1	<u> </u>	ide of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR MON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law i		15 Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor 🔲 cut-of-state PAC (ID#:)	Amount of	In-kind contribution
	JEAN MANN		Contribution \$	description
04/11/2024	***************************************		100.00	¦ PURSE
	Contributor address; City; State;	Zip Code		
į	63 W NEW AVERY PL, SPRING, TX 773	02	Check if travel outsi	de 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	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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SCHEDULE A2

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2 FILER NAM	E		3 Filer ID (Ethics Co	mmission Filers)
CONSTA	BLE CHRIS JONES			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ \$\delta'	
5 Date	5 Date 6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description
04/11/2024	7 Contributor address; City; State;	Zip Code	25.00	RANCHO GRANDE GIFT CERTIFICATE
	18914 FM 1488 RD, MAGNOLIA, TX 773	•	Check if travel outsi	i de of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
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12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (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
2 333	JAVIER RAMIREZ		Contribution \$	description
04/11/2025		• • • • • • • • • • • • • • • • • • • •	30.00	RANCHO GRANDE GIFT CERTIFICATE
	Contributor address; City; State;	Zip Code	00.00	0,1 1 02.11,110,112
	18914 FM 1488 RD, MAGNOLIA, TX 773	55	Check if travel outside of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ Ø	in in a paint of the latter of the specific production of the specific prod	
5 Date	5 Date 6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description CAKE
04/11/2024	7 Contributor address; City; State; 16268 TREE BEND LN, PLANTERSVILLE, TX 77	Zip Code 7363		Critical
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (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 Contribution \$	In-kind contribution description HAND KNIT
04/11/2024	Contributor address; City; State; 16268 TREE BEND LN, PLANTERSVILLE, TX 77	Zip Code 363	30.00 Check if travel outsi	TURTLE de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICI	And the form of the state of th
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)			
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j:	ATTACH ADDITIONAL COPIES OF T f contributor is out-of-state PAC, please see Instruction			ı requirements.

SCHEDULE A2

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² FILER NAM CONSTA	E ABLE CHRIS JONES		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 🔎	
5 Date	6 Full name of contributor □ out-of-state PAC (ID#: KENNY HARTENSTEINER)	8 Amount of Contribution \$	9 In-kind contribution description HAND MADE
04/11/2024	7 Contributor address; City; State; 19616 HIGH MEADOW PRESERVE CT, MAGNOLIA,	Zip Code TX 77355	Check if travel outsi	KNIFE Ide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDIC)	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	of contributor's spou	se (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 Contribution \$	I In-kind contribution description PHARMACY
04/11/2024	Contributor address; City; State; 18230 FM 1488 RD, MAGNOLIA, TX 773	Zip Code 54	65.00 Check if travel outsi	BASKET I de of Texas, Complete Schedule T.
Principal occ	rupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	·
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
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4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ &	
5 Date	JIMMY THORNTON		8 Amount of Contribution \$ 2,700.00	9 In-kind contribution description ROUND OF GOLF
04/11/2024	04/11/2024 7 Contributor address; City; State; Zip Code			FOR 3 AT BLUEJACK
	303 BEAUMONT DR, MAGNOLIA, TX 77	'354	Check if travel outsi	lide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDIC).	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	ıtor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (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
	KENDRICK SKIPPER		Contribution \$	description CHICK FIL A
04/11/2024	Contributor address; City; State;	Zip Code	120.00	BASKET
	10977 LAKE FOREST DR, CONROE, TX	77384	Check if travel outside of Texas. Complete Schedule	
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(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	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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4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ &			
5 Date	Date 6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description	
04/11/2024	7 Contributor address; City; State;	Zip Code	600.00	COMPACT DRILL SET	
	10911 CLUBHOUSE CIRCLE, MAGNOLIA, TX 77	7354	Check if travel outs	 ide of Texas. Complete Schedule T.	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL)(See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (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	
2.1.2	LARRY CHRISTMAS		Contribution \$	description	
04/11/2024	Contributor address City States	Zin Codo	400.00	BLACKSTONE GRIDDLE	
	Contributor address; City; State; 802 TALL PINE DR, MAGNOLIA, TX 773	Zip Code 55	Check if travel outsi	de of Texas, Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	outor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	m of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L . ,			
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CONSTA	ABLE CHRIS JONES			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ \$	
5 Date	5 Date 6 Full name of contributor ut-of-state PAC (ID#:) E		8 Amount of Contribution \$	9 In-kind contribution description
04/11/2024	7 Contributor address; City; State;	Zip Code	1,000.00	HIBACHI DINNER AT HOME
	10 WELLESLY CT, MAGNOLIA, TX	77355	Check if travel outsi	 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)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JL	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n 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)			
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of	In-kind contribution
	LAURA WATSON		Contribution \$	description DRY CLEANING
04/11/2024	Contributor address; City; State;	Zip Code	25.00	CERTIFICATE
	10 WELLESLY CT, MAGNOLIA, TX	77355	Check if travel outsi	l de of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
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2 FILER NAM	BLE CHRIS JONES		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ Ø		
5 Date	6 Full name of contributor)	8 Amount of Contribution \$	9 In-kind contribution description
04/11/2024	7 Contributor address; City; State;	Zip Code	20.00	DRY CLEANING CERTIFICATE
	10 WELLESLY CT, MAGNOLIA, TX	(77355	Check if travel outsi	de of Texas. Complete Schedule T.
10 Principal occ	eupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI.	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			The state of the s
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
04/44/2004	LAURA WATSON			DRY CLEANING
04/11/2024	Contributor address; City; State;	Zip Code	25.00	CERTIFICATE
	10 WELLESLY CT, MAGNOLIA, TX	. 77355	Check if travel outsi	de 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	ibutor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
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2 FILER NAM	E ABLE CHRIS JONES		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ \$	
5 Date	6 Full name of contributor)	8 Amount of Contribution \$	9 In-kind contribution description
04/11/2024	Contributor address, City, State, Zip Code		120.00	PICNIC BASKET
	12107 CAROL LN, PINEHURST, TX 773	62	Check if travel outsi	lide of Texas. Complete Schedule T.
10 Principal occ	Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) 11		er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law fir		15 Law firm	n of contributor's spou	se (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
Dato	LINDA STUCKEY		Contribution \$	description PICNIC BAG
04/11/2024	11/2024 Contributor address; City; State; Zip Code		75.00	
	30310 CHARLIE LN, MAGNOLIA, TX 773	355	Check if travel outsi	l de of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ntor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	of contributor's spou	se (If any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 10	
5 Date	6 Full name of contributor)	8 Amount of Contribution \$ 50.00	9 In-kind contribution description PIZZAIOLO'S
04/11/2024	04/11/2024 7 Contributor address; City; State; Zip Code		00.00	GIFT CARD
	18304 FM 1488, RD, MAGNOLIA, TX 773	354	Check if travel outsi	 ide of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL) 13		13 Contribu	rtor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>		
Date	Full name of contributor		Amount of	In-kind contribution
LINDA STUCKEY			Contribution \$	description MACHO FERN
04/11/2024	Contributor address; City; State; 30310 CHARLIE LN, MAGNOLIA, TX 773	Zip Code	200.00	
Principal occ	rupation / Job title (FOR NON-JUDICIAL) (See Instructions)		<u></u>	de of Texas, Complete Schedule T
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	IDICIAL)(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)	<u> </u>		
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4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ Ø			
5 Date	6 Full name of contributor □ out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description	
04/11/2024			30.00	PIZZAIOLO'S GIFT CARD	
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16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			1 - Ma - M	
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description	
04/11/2024	Contributor address; City; State;	tate; Zip Code 430.00 9MM			
20263 ALFORD RD, MAGNOLIA, TX 77355			Check if travel outside of Texas. Complete Schedule T.		
Principal occ	rinclpal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions)		AL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ntributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)	
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2 FILER NAMI	BLE CHRIS JONES		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 8	
5 Date	6 Full name of contributor □ out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
04/11/2024			450.00	¦ TISAS ¡ FATIH .380
	20263 ALFORD RD, MAGNOLIA, TX 773	555	Check if travel outside of Texas. Complete Schedule	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's principal occupation (FOR JUDICIAL)		13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L.,		
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
04/11/2024	/11/2024 Contributor address; City; State; Zip Code		575.00	¦ AREX ZERO ı 9MM
	20263 ALFORD RD, MAGNOLIA, TX 77355		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)			

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² FILER NAM CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ Ø		
5 Date	6 Full name of contributor □ out-of-state PAC (ID#:		Contribution \$	9 In-kind contribution description	
04/11/2024	7 Contributor address; City; State;	Zip Code	600.00	KSA CRICKETT YOUTH RIFLE	
	20263 ALFORD RD, MAGNOLIA, TX 77355		Check if travel outsi	I 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)	
12 Contributor's principal occupation (FOR JUDICIAL) 13 Contri		13 Contribu	utor's job title (FOR JU	IDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spo		n 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)				
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description STOEGER M3000 12	
04/11/2024	Contributor address; City; State; 20263 ALFORD RD, MAGNOLIA, TX 773	Zip Code	600.00	GAUGE SHOTGUN Control Contro	
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI/		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	ob title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
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SCHEDULE A2

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2 FILER NAM	ABLE CHRIS JONES		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ Ø	
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description F1 FIREARMS KING F15
04/11/2024	7 Contributor address; City; State; 20263 ALFORD RD, MAGNOLIA, TX 773	Zip Code	,	RIFLE WITH SCOPE AND CASE Ide of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL.) (See Instructions) 11 Employer				AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	rtor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15 La			ı of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/11/2024	Full name of contributor)	Amount of Contribution \$	In-kind contribution description DRY CLEANING
04/11/2024	Contributor address; City; State; 23807 BUSHY OAKS ST, HOCKLEY, TX	Zip Code 77447		CERTIFICATE I de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICA	· · · · · · · · · · · · · · · · · · ·
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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SCHEDULE A2

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2 FILER NAM			3 Filer ID (Ethics Co	ommission Filers)
CONSTA	ABLE CHRIS JONES			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ \$	
5 Date	6 Full name of contributor)	8 Amount of	9 In-kind contribution
	MIKE BESECKER		Contribution \$ 100.00	description WHISKEY GLASS &
04/11/2024	7 Contributor address; City; State;	Zip Code	100.00	DECANTER BASKET
	8313 COLT LN, WALLER, TX 7748	4	Chack if traval oute	ide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	I	l	AL)(See Instructions)
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12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law		15 Law firm	n of contributor's spou	ise (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>		
Date	Full name of contributor)	Amount of	In-kind contribution
Date	MARK SELLERS		Contribution \$	description
04/11/2024			125.00	LONE SURVIVOR BOOK
	Contributor address; City; State;	Zip Code		
	27041 CANYON RANCH CIRCLE, MAGNOLIA, T	X //355	Check if travel outs	ide of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(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 spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L		, , , , , , , , , , , , , , , , , , , ,

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SCHEDULE A2

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CONSTABLE CHRIS JONES 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 5 Date 6 Full name of contributor out-of-state PAC (ID#:
5 Date 6 Full name of contributor out-of-state PAC (ID#:
MIKE SILVIO 04/11/2024 MIKE SILVIO 7 Contributor address; City; State; Zip Code 923 BOX ELDER DR, MAGNOLIA, TX 77354 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Employer (FOR NON-JUDICIAL) (See Instructions) 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
04/11/2024 7 Contributor address; City; State; Zip Code 923 BOX ELDER DR, MAGNOLIA, TX 77354 Check if travel outside of Texas. Complete Sch 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Employer (FOR NON-JUDICIAL) (See Instructions) 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
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Employer (FOR NON-JUDICIAL) (See Instructions) 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
12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See Instruction of 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 contributor)
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
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL.) Date Full name of contributor
Date Full name of contributor □ out-of-state PAC (ID#:) Amount of In-kind contribution
Date Aniouni di In-kind contributio
PAULA JONES O4/11/2024 PAULA JONES Contribution \$ description CHICKEN 100.00
Contributor address; City; State; Zip Code 17366 SUNSET RANCH DR, MONTGOMERY, TX 77316 Check if travel outside of Texas. Complete Sch
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 Instruction
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDIC
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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2 FILER NAM	E		3 Filer ID (Ethics C	ommission Filers)
CONSTA	ABLE CHRIS JONES			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 🔊	
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description
04/11/2024	7 Contributor address; City; State;	Zip Code	200.00	BEE KIND BASKET
	17366 SUNSET RANCH DR, MONTGOMERY, TX	•	Check if travel outs	DASINE
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Emplo		11 Employe	I er (FOR NON-JUDIC	IAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR J	UDICIAL) (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)	Amount of Contribution \$	In-kind contribution description
04/11/2024	PAULA JONES Contributor address; City; State; Zip Code 17366 SUNSET RANCH DR, MONTGOMERY, TX 77316		250.00	BEE BASKET
			Check if travel outs	i side of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDIC	IAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JI	UDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spot	use (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

SCHEDULE A2

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TI	ne Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2: U8	
2 FILER NAM CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIL	BUTIONS	\$ \$		
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description	
04/11/2024	7 Contributor address; City; State;	Zip Code	400.00	HOUSTON OAKS SKEET SHOOT	
	26926 FM 2978, MAGNOLIA, TX 7	/354	Check if travel outs	de 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)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law fir		15 Law fim	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution	
	RALPH SMITH		Contribution \$	description GOLF FOR 4 AT	
04/11/2024	Contributor address; City; State; 6879 SPRING BRANCH, MONTGOMERY, TX 77.	Zip Code 316	550.00	MARGARITAVILLE	
		I	Check if travel outside 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	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
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2 FILER NAM	ABLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ Ø	
5 Date 04/11/2024	RANDY & ANN STEWART 7 Contributor address; City; State; Zip Code 5305 CR 227, BEDIAS, TX 77381		8 Amount of Contribution \$ 300.00	9 In-kind contribution description BASS FISHING TRIP de of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Employ		11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u></u>		
Date 04/11/2024	REED EDELMAN		Amount of Contribution \$	I In-kind contribution description I 12 GAUGE SEMI I AUTO SHOTGUN
23470 BAYS CHAPEL RD, RICHARDS, TX 77873		3	Check if travel outsi	de of Texas, Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	oloyer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL)(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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2 FILER NAM			3 Filer ID (Ethics Co	ommission Filers)
CONSTA	ABLE CHRIS JONES			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ \$	
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description
04/11/2024	7 Contributor address; City; State;	Zip Code	100.00	LAS FUENTES GIFT CERTIFICATE
	27015 GOODNIGHT TRAIL, MAGNOLIA, TX 773	55	Check if travel outs	lide of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15 La		15 Law firm	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)			A / _ / / A / A / A / A / A / A / A / A
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
04/11/2024	4/11/2024 Contributor address; City; State; Zip Code		100.00	CERTIFICATE
	27015 GOODNIGHT TRAIL, MAGNOLIA, TX 773	55	Check if travel outs	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	utor's job title (FOR JU	JDICIAL) (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)	<u></u>		

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4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 🕅	
5 Date	Date 6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description
		275.00	FIRE PIT	
04/11/2024	7 Contributor address; City; State;	Zip Code		
	12123 MABEL LN, PINEHURST, TX 7736	62	Check if travel outs	ide of Texas. Complete Schedule T.
10 Principal occ	rupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			W-1-11-01
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Date	Full name of contributor)	Amount of	 In-kind contribution
Dale	SOUTHERN HERITAGE CONSULT	ΓING	Contribution \$	description PILLOW &
04/11/2024	Contributor address; City; State;	Zip Code	40.00	BLANKET SET
	29567 TUDOR WAY, MAGNOLIA, TX 773	•	61 15 1	Ī
	· · · · · · · · · · · · · · · · · · ·		Check if travel cutside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)	
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	utor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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2 FILER NAM	IE		3 Filer ID (Ethics Co	ommission Filers)
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4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 👏	
5 Date	6 Full name of contributor out-of-state PAC (ID#:) 8		8 Amount of Contribution \$	9 In-kind contribution description
04/11/2024	7 Contributor address; City; State;	Zìp Code	40.00	MOTHER'S DAY BASKET
	29567 TUDOR WAY, MAGNOLIA, TX 77	355	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)
12 Contributor's principal occupation (FOR JUDICIAL) 13 Contr		13 Contribu	utor's job title (FOR JL	JDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law fim	n 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)	1		
Date	Full name of contributor	TING	Amount of Contribution \$	In-kind contribution description
04/11/2024	Contributor address; City; State;	Zip Code	75.00	HOME DECOR BASKET
	29567 TUDOR WAY, MAGNOLIA, TX 773	355	Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(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 spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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2 FILER NAMI	E		3 Filer ID (Ethics Co	ommission Filers)
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4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ \$	
5 Date	6 Full name of contributor	TING	8 Amount of Contribution \$	9 In-kind contribution description
04/11/2024	7 Contributor address; City; State;	Zip Code	50.00	BEACH TRAVEL
	29567 TUDOR WAY, MAGNOLIA, TX 77	•	Check if travel outsi	IVIA ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (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 Contribution \$	In-kind contribution description
04/11/2024	Contributor address; City; State;	Zip Code	75.00	CHARCUTERIE BOARD SET
	29567 TUDOR WAY, MAGNOLIA, TX 773	•	Check if travel outside	de of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	yer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	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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4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ Ø	
5 Date 04/11/2024	6 Full name of contributor □ out-of-state PAC (ID#:	Zip Code		9 In-kind contribution description ROLLING ORGANIZING CART de of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI/	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/11/2024	Full name of contributor ut-of-state PAC (ID#:	Zip Code	Amount of Contribution \$	In-kind contribution description LICENSE PLATE STAR
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(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)			
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Revised 1/1/2024

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T	he Instruction Guide explains how to complete this form	m.	1 Total pages Sched	lule A2: 🕼
2 FILER NAM	IE .		3 Filer ID (Ethics Co	ommission Filers)
CONSTA	ABLE CHRIS JONES			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ Ø		
5 Date 6 Full name of contributor out-of-state PAC (ID#:) 8		8 Amount of Contribution \$	9 In-kind contribution description	
04/11/2024	7 Contributor address; City; State;	Zip Code	100.00	PIG PAINTING
	29567 TUDOR WAY, MAGNOLIA, TX 77	•	Check if travel outs	i ide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	IAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	ntor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law		15 Law firm	m of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of	In-kind contribution
04/11/2024	SOUTHERN HERITAGE CONSULT Contributor address; City; State;	Zip Code	Contribution \$	description STORAGE BOWL SET
	29567 TUDOR WAY, MAGNOLIA, TX 773	355	Check if travel outsi	I · ide 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	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		JDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm	n of contributor's spou	ise (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

SCHEDULE A2

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2 FILER NAM	1E		3 Filer ID (Ethics Co	ommission Filers)
CONSTA	ABLE CHRIS JONES		,	,
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ \$	
5 Date			8 Amount of Contribution \$	9 In-kind contribution description
0411410004	SOUTHERN HERITAGE CONSUL	IING	150.00	ANTIQUE TRUCK
04/11/2024	7 Contributor address; City; State;	Zip Code		PORTRAIT
	29567 TUDOR WAY, MAGNOLIA, TX 77	355	Check if travel outs	I side of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	IAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL) 13 Contribu		13 Contribu	tor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law 1		15 Law firn	n of contributor's spou	use (if any) (FOR JUDICIAL)
16 If contributor	r 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
Date	SOUTHERN HERITAGE CONSULT	ΓING	Contribution \$	description
04/11/2024	Contributor address; City; State;	Zip Code	20.00	¦ TRAY WITH I ARRANGEMENT
	29567 TUDOR WAY, MAGNOLIA, TX 773	355	Check if travel outs	 ide of Texas, Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	∍r (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)		Law firn	1 of contributor's spou	ise (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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SCHEDULE A2

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2 FILER NAM		•	3 Filer ID (Ethics Co	ommission Filers)
CONSTA	ABLE CHRIS JONES			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ \$		
5 Date	6 Full name of contributor)	8 Amount of	9 In-kind contribution
	SOUTHERN HERITAGE CONSUL	TING	Contribution \$ 25.00	description FARMHOUSE
04/11/2024	7 Contributor address; City; State;	Zip Code	20.00	WALL DECOR
	29567 TUDOR WAY, MAGNOLIA, TX 77	355	Check if travel outs	ide of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe		AL)(See Instructions)
12 Contributor's	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	of contributor's spou	se (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 (#D#:)	Amount of	In-kind contribution
	SOUTHERN HERITAGE CONSULT	ΓING	Contribution \$	description WELCOME
04/11/2024	Contributor address; City; State;	Zip Code	50.00	WREATH
	29567 TUDOR WAY, MAGNOLIA, TX 77	•	Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (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)			

SCHEDULE A2

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2 FILER NAMI			3 Filer ID (Ethics Co	ommission Filers)
CONSTA	BLE CHRIS JONES			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ \$	
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	SOUTHERN HERITAGE CONSUL	ΓING	65.00	WALL CROSS
04/11/2024	7 Contributor address; City; State;	Zip Code	65.00	WALL CROSS
	29567 TUDOR WAY, MAGNOLIA, TX 77	355	Check if travel outsi	 ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	L	AL)(See Instructions)
	rparier, see the (Ferritoria)	, 11 —p.o.	. (1,12,(000 1,101,101,10)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law fim	n of contributor's spou	se (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
_ ,	SOUTHERN HERITAGE CONSULT	ING	Contribution \$	description
04/11/2024	***************************************	••••••	80.00	GARDEN BENCH
	Contributor address; City; State;	Zip Code	00.00	
	29567 TUDOR WAY, MAGNOLIA, TX 773	355	Check if travel outsi	de of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	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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TI	he Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2: 6
2 FILER NAM	E		3 Filer ID (Ethics Co	ommission Filers)
CONSTA	ABLE CHRIS JONES			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 8	
5 Date	6 Full name of contributor)	8 Amount of	9 In-kind contribution
	SOUTHERN HERITAGE CONSUL	TING	Contribution \$	description
04/11/2024	7 Contributor address; City; State;	Zip Code	100.00	ICE CHEST
	29567 TUDOR WAY, MAGNOLIA, TX 77	355	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)
12 Contributor's principal occupation (FOR JUDICIAL) 13 C		13 Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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> </u>		
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of	I tn-kind contribution
	SOUTHERN HERITAGE CONSULT	ΓING	Contribution \$	description
04/11/2024	Contributor address; City; State;	Zìp Code	100.00	¦ RUSTIC I CHALKBOARD
	29567 TUDOR WAY, MAGNOLIA, TX 773	355	Check if travel outsi	l de of Texas. Complete Schedule T.
Principal occ	supation / 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 spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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ТІ	he Instruction Guide explains how to complete this form	n.	1 Total pages Sched	1 Total pages Schedule A2: US	
2 FILER NAM	E	•	3 Filer ID (Ethics Co	ommission Filers)	
CONSTA	ABLE CHRIS JONES				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$ Ø		
5 Date	6 Full name of contributor □ out-of-state PAC (ID#: STEVE SCHNEIDER)	8 Amount of Contribution \$	9 In-kind contribution description	
04/11/2024	7 Contributor address; City; State;	Zip Code	555.00	TIFFANY BLUE .380	
	544 SAVANNAH PARK, CONROE, TX 77	7302	Check if travel outsi	lide 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)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JL	JDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (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	
	CRISSI GRIMM		Contribution \$	description CROWN ROYAL	
04/11/2024	Contributor address; City; State;	Zip Code	200.00	BARREL ART	
	31833 WALNUT CREEK RD, MAGNOLIA, TX 773	355	Check if travel outsi	I de of Texas, Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICL	AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
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2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
CONSTA	ABLE CHRIS JONES			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0	
5 Date	Date 6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description
04/11/2024	7 Contributor address; City; State;	Zip Code	2,300.00	HENRY GOLDEN 44 MAG RIFLE
	544 SAVANNAH PARK, CONROE, TX 77	7302	Check if travel outsi	de 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	principal occupation (FOR JUDICIAL)	13 Contribu	.tor's job title (FOR JU	IDICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L		
Date	Full name of contributor)	Amount of	In-kind contribution
	CRISSI GRIMM		Contribution \$	description GIRLS TOY
04/11/2024	Contributor address; City; State;	Zip Code	35.00	BASKET
	31833 WALNUT CREEK RD, MAGNOLIA, TX 773	355	Check if travel outsi	l de of Texas, Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	m of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>		

SCHEDULE A2

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TI	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2: US
² FILER NAM CONSTA	E ABLE CHRIS JONES		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ Ø	
5 Date 04/11/2024	6 Full name of contributor	I	8 Amount of Contribution \$ 300.00 Check if travel outser (FOR NON-JUDIC!	I 9 In-kind contribution I description I KISTLER I FISHING ROD I de of Texas. Complete Schedule T. AL)(See Instructions)
	principal occupation (FOR JUDICIAL)		,	IDICIAL)(See Instructions)
				se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>	MANAGEMENT OF THE STATE OF	
Date 04/11/2024	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description BOYS TOY BASKET
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	I	er (FOR NON-JUDICI	de of Texas. Complete Schedule T. AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	IDICIAL)(See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
if contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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2 FILER NAMI	E BLE CHRIS JONES		3 Filer ID (Ethics Co	mmlssion Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 🔊	
5 Date 6 Full name of contributor		Contribution \$	9 In-kind contribution description	
		250.00	WHITE TAIL SHOULDER MOUNT	
	22650 BANEBERRY RD, MAGNOLIA, T>	(77355	Check if travel outsi	ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	FOR NON-JUDIC!	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JL	DICIAL)(See Instructions)
14 Contributor's	employer/lew firm (FOR JUDICIAL)	15 Law firn	of contributor's spou	se (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 Contribution \$	In-kind contribution description
04/11/2024	MARSHALL WILLIAMS Contributor address; City; State;	Zip Code	400.00	EARL CAMPBELL JERSEY
	434 FM 1486, MAGNOLIA, TX 7735	•	Check if travel outsi	de 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	utor's job title (FOR JU	IDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	,		

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

SCHEDULE A2

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2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)	
CONSTA	BLE CHRIS JONES				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ \$		
5 Date 04/11/2024	BRAD & LISA BODWAY		8 Amount of Contribution \$	9 In-kind contribution I description WHISKEY BARREL BAR WITH BAR STOOLS	
04/11/2024	7 Contributor address; City; State; 26911 SPOTTED PONY CT, MAGNOLIA, TX 773	Zip Code 355	Check if travel outs	 	
10 Principal acc	l upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	l	AL)(See Instructions)	
10 Principal ded	apation / Job title (POR NON-JODICIAL) (See Instructions)	11 Employe	51 (1 511 11611-05516).	ALX COO MOR GONOROY	
12 Contributor's principal occupation (FOR JUDICIAL) 13 Contrib		13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law fit		15 Law firn	n of contributor's spou	se (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	
	PHILIP ORANGE		Contribution \$	description KAYO 60 DIRT	
04/11/2024	Contributor address; City; State;	Zip Code	800.00	i BIKE	
	9550 FM 1960 RD, HOUSTON, TX	77070	Check if travel outsi	de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL)(See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>			

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

SCHEDULE A2

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TI	he Instruction Guide explains how to complete this form	n,	1 Total pages Sched	ule A2: WS	
2 FILER NAM	BLE CHRIS JONES		3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ \$		
5 Date	5 Date 6 Full name of contributor out-of-state PAC (ID#:) DALE & BECKY BIBLE		8 Amount of Contribution \$	I 9 In-kind contribution I description I GLOCK 17 9MM	
04/11/2024	7 Contributor address; City; State; 30806 GREEN FOREST DR, MAGNOLIA, TX 773	Zip Code		STARS & STRIPES	
10 Principal occ	Upation / Job title (FOR NON-JUDICIAL)(See Instructions)		er (FOR NON-JUDICI	ide of Texes. Complete Schedule T. AL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) 13 Contri			utor's job title (FOR JU	IDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Lav		15 Law firn	n of contributor's spou	se (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 Contribution \$	In-kind contribution description GOD BLESS AMERICA	
04/11/2024	Contributor address; City; State;	Zip Code	900.00	HENRY RIFLE 	
	23557 HIGH MEADOW ESTATES DR, MONTGOMERY, TX 7	7316	Check if travel outside 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	outor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	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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Revised 1/1/2024

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Т	he instruction Guide explains how to complete this for	n.	1 Total pages Sched	lule A2: US
2 FILER NAM	NE ABLE CHRIS JONES		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ \$	
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description 2ND AMENDMENT
04/11/2024	7 Contributor address; City; State; 23557 HIGH MEADOW ESTATES DR, MONTGOMERY, TX 7	Zip Code		TRIBUTE HENRY RIFLE ide of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Employer (FOR NON-JUDICIAL) (See Instructions)				AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL)(See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	ise (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	,		.,
Date 04/11/2024	Full name of contributor		Amount of Contribution \$	In-kind contribution description MOCO SIGNED LAW
04/11/2024	Contributor address; City; State; 23557 HIGH MEADOW ESTATES DR, MONTGOMERY, TX 7	Zip Code 7316	·	I ENFORCEMENT RIFLE I lide of Texas, Complete Schedule T.
Principal occ	 cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe		AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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2 FILER NAM	E ABLE CHRIS JONES		3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ \$		
5 Date	6 Full name of contributor □ out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description	
04/11/2024	7 Contributor address; City; State;	Zip Code	1,500.00	AUTOGRAGPHED CHRIS KYLE BOOK	
	5 HUNTINGTON WOODS DR, TOMBALL, TX 77	375	Check if travel outsi	l de 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)	
12 Contributor's principal occupation (FOR JUDICIAL) 13 Contrib		13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions) of contributor's spouse (if any) (FOR JUDICIAL)		
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law		15 Law firm	n of contributor's spou	se (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	
	BEN HERMAN		Contribution \$	description LUTTRELL SIGNED	
04/11/2024	Contributor address; City; State;	Zip Code	8,000.00	MILITARY RIFLE	
	23557 HIGH MEADOW ESTATES DR, MONTGOMERY, TX 7	7316	Check if travel outside	de of Texas, Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	FOR NON-JUDICI	AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor'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

SCHEDULE A2

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

т	he instruction Guide explains how to complete this form	n.	1 Total pages Sched	lule A2: US
2 FILER NAM	1E		3 Filer ID (Ethics Co	ommission Filers)
CONSTA	ABLE CHRIS JONES			
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ Ø	
5 Date 6 Full name of contributor out-of-state PAC (ID#:) DWAYNE & TRACEY MARACNTEL		8 Amount of Contribution \$	9 In-kind contribution description WEATHERBY BOLT	
04/11/2024	7 Contributor address; City; State;	Zip Code	000.00	ACTION .257 SHOTGUN
	26202 CROWN CT, MONTGOMERY, TX	77316	Check if travel outs	I 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)
12 Contributor's principal occupation (FOR JUDICIAL) 13 Contri		13 Contribu	utor's job title (FOR JL	JDICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n 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)			All and the second of the seco
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
Date	MOCO CONSTABLE PCT 5 COMM		Contribution \$	description
04/11/2024	WOOO CONCIABLET OF S CONIN		1,600.00	TRAEGER 885
04/11/2024	Contributor address; City; State;	Zip Code	1,000.00	PELLET GRILL
	19100 UNITY PARK DR, MAGNOLIA, TX	77355	Check if travel outsi	l 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	JDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL.)	Law firm	of contributor's spou	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.

SCHEDULE A2

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

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TI	he Instruction Guide explains how to complete this form	n,	1 Total pages Sched	ıle A2: \(\lambda\)	
2 FILER NAM CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ Ø		
5 Date 6 Full name of contributor out-of-state PAC (ID#:) JEFF & MANDY LAUDERDALE 04/11/2024 7 Contributor address; City; State; Zip Code 29032 CHAMPIONS DR, MAGNOLIA, TX 77355		Contribution \$ 1,500.00	 9 In-kind contribution description 10 PALLETS OF GRASS INSTALLED de of Texas. Complete Schedule T. 		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI/		
12 Contributor's principal occupation (FOR JUDICIAL) 13 Con			utor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) 15		15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 04/11/2024	Full name of contributor	Zip Code 77354	Amount of Contribution \$	In-kind contribution description OFFSHORE FISHING TRIP	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	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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SCHEDULE A2

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2 FILER NAM	E		3 Filer ID (Ethics Co	ommission Filers)
CONSTA	ABLE CHRIS JONES			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 👏	
5 Date	6 Full name of contributor)	8 Amount of Contribution \$	9 In-kind contribution description
04/11/2024	7 Contributor address; City; State;	Zip Code	1,000.00	CATERING FOR 50 PPL
	37610 DOVE LAKE DR, MAGNOLIA, TX	77354	Check if travel outs	 ide of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL.) 13 Contrib		13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law fire		15 Law firm	n 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 Contribution \$	In-kind contribution description
04/11/2024	BILL & COLLEEN ELLISON Contributor address; City; State;	Zip Code	4,000.00	CANE CORSO PUPPY
	2111 N FRAZIER, CONROE, TX 77	′301	Check if travel outs	I ide of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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SCHEDULE A2

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

TI	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:		
2 FILER NAM	BLE CHRIS JONES		3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 🔎		
5 Date 6 Full name of contributor □ cut-of-state PAC (ID#:) ERICK BERNARD 04/11/2024 7 Contributor address; City; State; Zip Code 22419 MEADOWSWEET DR, MAGNOLIA, TX 77355			8 Amount of Contribution \$ 3,000.00 Check if travel outsi	9 In-kind contribution description IRRIGATION INSTALLED de of Texas. Complete Schedule T.	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) 13 Contri			utor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law		15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 04/11/2024	Full name of contributor	Zip Code 7354	Amount of Contribution \$ 3,000.00	In-kind contribution description WHITE TAIL DEER HUNT Ide of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	outor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law fim	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
lf contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

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SCHEDULE A2

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TI	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAM	=		3 Filer ID (Ethics Co	ommission Filers)		
CONSTA	ABLE CHRIS JONES			, <u>.</u>		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ \$			
5 Date	6 Full name of contributor)	8 Amount of Contribution \$	9 In-kind contribution description		
04/11/2024	7 Contributor address; City; State;	Zíp Code	6,500.00	LEXOTIC ORYX		
	2403 CANTER LN, CONROE, TX 7	7384	Check if travel outs	lide of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL.) 13 Contrib		utor's job title (FOR JU	JDICIAL) (See Instructions)			
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law fin		of contributor's spou	se (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 Contribution \$	I In-kind contribution description		
04/11/2024	HUNTER ADAMS		5,000.00	EXOTIC DEER HUNT		
	Contributor address; City; State; 14235 ADAMS LN, PINEHURST, TX 773	Zip Code 62	Check if travel outsi			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	m 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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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.

	he Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2: WS	
2 FILER NAMI	E ABLE CHRIS JONES		3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ \$		
5 Date 04/11/2024	6 Full name of contributor	Zip Code	8 Amount of Contribution \$ 2,700.00	In-kind contribution I description AMERICAN PATRIOT .45	
	19100 UNITY PARK DR, MAGNOLIA, TX	•	Check if travel outsi	FATRIOT,45 de of Texas, Complete Schedule T.	
10 Principal occi	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)			ı of contributor's spou	se (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 Contribution \$	In-kind contribution description .	
	Contributor address; Clty; State;	Zip Code	Check if travel outside	I I de of Texas. Complete Schedule T.	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	PER NON-JUDICIA	AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
H	ATTACH ADDITIONAL COPIES OF T f contributor is out-of-state PAC, please see Instruction			g requirements.	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2024

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 Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to d	complete this form.		·, ·····
1 Total pages Schedule F1	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
01/02/2024	BRYAN CHRIST			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
500.00	29567 TUDOR WAY, MAGNOLIA, TX	X 77355		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY C/OH	DONATION T CAMPAIGN	O BRYAN CH	IRIST
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name	1-1-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
01/03/2024	MAGNOLIA'S BEST STORAGE			
Amount (\$)	Payee address;	City;	State;	Zip Code
224.00	37805 FM 1774, Magnolia, TX 77355	S		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	OFFICE OVERHEAD/RENTAL EXPENSE	STORAGE UNIT SIGNS	T FOR COOK TF	RAILER AND
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
01/04/2024	SOCIETY OF SAMARITANS			
Amount (\$)	Payee address;	City;	State;	Zip Code
800.00	31355 Friendship Dr, Magnolia, TX 77	7355		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY C/OH	TABLE FOR F FUNDRAISEF)
	Chock if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	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

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

Credit Cata Payment	The Instruction Guide explains how to o	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethic	s Commission Filers)	
4 Date 01/06/2024	5 Payee name CLEARWATER EXPRESS				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
14.99	14206 FM 1488 Rd, Magnolia, TX 77	354			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	FEES	CAR WASH M CAMPAIGN V		PFOR	
	(c) Check if travel outside of Texas, Complete Schedule T.	as. Complete Schedule T. Check if Austin, TX, officeholder liv			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name	MAYOR CONTROL	18.05170	, <u>,,</u> ,	
01/09/2024	HOUSTON TEXANS				
Amount (\$)	Payee address;	City;	State;	Zip Code	
1,177.00	8400 Kirby Dr, Houston, TX 77054				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	FEES	TICKETS FOR	R DONATION	N REQUESTS	
OF EXPENDITURE					
	Check if travel outside of Texas, Complete Schedule T.	Check If Aust	In, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name I	Office sought		Office held	
Date	Payee name				
01/24/2024	AMAZON				
Amount (\$)	Payee address;	City;	State;	Zlp Code	
49.30	440 Terry Ave N, Seattle, WA 98109				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	EVENT EXPENSE	SUPPLIES FO	R COOKING	EVENTS	
	Chock If travel outside of Texas. Complete Schedule T.	Check if Austi	in, ⊤X, olficeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

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

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 complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CONSTABLE CHRIS JONES 4 Date 5 Payee name 01/24/2024 **BRETT LIGON** 6 Amount (\$) 7 Payee address; City; State: Zip Code 515.38 PO Box 805, Montgomery, TX 77356 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 DONATION MADE BY OH DONATION FOR ANNUAL FUNDRAISER PURPOSE 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 Payee name Date **PIZZAIOLOS** 01/24/2024 Amount (\$) Payee address; City; State: Zip Code 8304 FM 1488, Magnolia, TX 77354 26.35 Category (See Categories listed at the top of this schedule) Description DONATION MADE BY OH PIZZA PARTY FOR SCHOOL 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 Date Payee name 01/24/2024 **PIZZAIOLOS** Amount (\$) Payee address; City; State; Zip Code 8304 FM 1488, Magnolia, TX 77354 40.54Category (See Categories listed at the top of this schedule) Description PURPOSE DONATION MADE BY OH PIZZA PARTY FOR SCHOOL OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

	The Instruction Guide explains how to d	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)	
4 Date 01/24/2024	5 Payee name AMAZON				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
121.98	440 Terry Ave N, Seattle, WA 98109				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	DONATION MADE BY OH	SUPPLIES FO	OR SENIOR C	ENTER	
OF EXPENDITURE					
	(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/Oh	Candidate / Officeholder name H	Office sought Office held			
Date	Payee name				
01/24/2024	PIZZAIOLOS				
Amount (\$)	Payee address;	City;	State;	Zip Code	
95.31	8304 FM 1488, Magnolia, TX 77354				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	DONATION MADE BY OH	PIZZA PARTY	FOR SCHO	OL	
OF EXPENDITURE					
	Check if travel outside of Texas, Complete Schedule T.	Check If Austi	in, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name 러	Office sought		Office held	
Date	Payee name				
01/24/2024	PIZZAIOLOS				
Amount (\$)	Payee address;	City;	State;	Zlp Code	
40.54	8304 FM 1488, Magnolia, TX 77354				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	DONATION MADE BY OH	PIZZA PARTY	FOR SCHOO	DL	
EXPENDITURE					
	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/O	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/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		···,
1 Total pages Schedule I	F1: 2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date 01/25/2024	5 Payee name COMMUNITY IMPACT			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
545.95	16225 Impact Way, Pflugerville, TX	78660		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	AD FOR COM	MUNITY IMF	ACT PAPER
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C		Office sought		Office held
Date	Payee name			
01/25/2024	RANCHO GRANDE			
Amount (\$)	Payee address;	City;	State;	Zip Code
217.72	18914 FM 1488 Rd, Magnolia, TX 77	7355		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	FOOD EXPENSE	MEETING W	ITH CONSTIL	IENTS
	Check if travel outside of Texas. Complete Schedule T.	edule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name /OH	Office sought		Office held
Date	Payee name			
01/29/2024	PIZZAIOLOS			
Amount (\$)	Payee address;	City;	State;	Zlp Code
51.93	8304 FM 1488, Magnolia, TX 77354			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	PIZZA PARTY	FOR SCHO	DL
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/		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/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date 02/01/2024	REPUBLICAN VOTERS OF TEXAS	PAC	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1,000.00	30310 Charlie Ln, Magnolia, TX 7735	55	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	DONATION F	OR POLLING SUPPLIES
	(c) Check if travel outside of Texas, Complete Schedule T,	Check if Aus	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/02/2024	BUZZ LIQUOR		
Amount (\$)	Payee address;	City;	State; Zip Code
332.23	16507 Mueschke Rd, Cypress, TX 77	7433	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	GIFT/AWARD EXPENSE	GIFTS FOR (CONSTIUENTS
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
	1		
Complete ONLY if direct expenditure to benefit C/OF	Cendidate / Officeholder name	Office sought	Office held
		Office sought	Office held
expenditure to benefit C/OF	1	Office sought	Office held
expenditure to benefit C/OF	Payee name MAGNOLIA'S BEST STORAGE Payee address;	City;	Office held State; Zip Code
Date 02/02/2024	Payee name MAGNOLIA'S BEST STORAGE	City;	
Date 02/02/2024 Amount (\$)	Payee name MAGNOLIA'S BEST STORAGE Payee address;	City; Description	State; Zip Code
Date 02/02/2024 Amount (\$)	Payee name MAGNOLIA'S BEST STORAGE Payee address; 37805 FM 1774, Magnolia, TX 77355	City; Description	
Date 02/02/2024 Amount (\$) 224.00 PURPOSE OF	Payee name MAGNOLIA'S BEST STORAGE Payee address; 37805 FM 1774, Magnolia, TX 77355 Category (See Categories listed at the top of this schedule)	City; Description STORAGE UN AND SIGNS	State; Zip Code

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

	ine instruction Guide explains now to c	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
02/02/2024	MUNDO'S TIRE			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
550.00	35307 TX 249, Pinehurst, TX 77362			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	NEW TIRES F DONATED TO		
	(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/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
02/06/2024	CLEARWATER EXPRESS			
Amount (\$)	Payee address;	City;	State;	Zip Code
44.97	14206 FM 1488 Rd, Magnolia, TX 77	354		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description CARWASH MEN VEHICLES	MBERSHIP FOR	CAMPAIGN
	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/OI	Candidate / Officeholder name	Office sought	-	Office held
Date	Payee name			
02/08/2024	SOCIETY OF SAMARITANS			
Amount (\$)	Payee address;	City;	State;	Zip Code
466.00	31355 Friendship Dr, Magnolia, TX 7	7355		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	DONATION FO	OR SCHOOL	HYGIENE
	Check if travel outside of Texas. Complete Schedule T.	Check If Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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 Glft/Awards/Memorials Expense Legal Services

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

•	The Instruction Guide explains how to	complete this form.				
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics Commission I	Filers)		
4 Date 02/09/2024	5 Payee name SOCIETY OF SAMARITANS					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
200.00	31355 Friendship Dr, Magnolia, TX 7	7355				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	DONATION F	OR PURSE BINGO			
	(c) Check if travel outside of Texas, Complete Schedule T,	Check if Aust	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
02/14/2024	DOVE WIBLE					
Amount (\$)	Payee address;	City;	State; Zip Code			
1,000.00	41526 S Brenda Ln, Magnolia, TX 77	304				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF	DONATION MADE BY OH	DONATION FOR	R SONNY WIBLE RACING			
EXPENDITURE						
	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/O	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
02/15/2024	H-E-B					
Amount (\$)	Payee address;	City;	State; Zlp Code	I		
178.18	7988 FM 1488, Magnolia, TX 77354					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	HOT DOGS F	OR SCHOOL EVENT			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED			

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a catego	ry nocholed above)
Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
Date 02/15/2024	5 Payee name MHS BASEBALL			
3 Amount (\$)	7 Payee address;	City;	State;	Zip Code
00.008	14350 FM 1488 Rd, Magnolia, TX 77	'354		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		•
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	DONATION T	O BASEBALL	.TEAM
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aust	lin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		AL PARTIE DE LA CONTRACTION DE	
02/15/2024	RANCHO GRANDE			
Amount (\$)	Payee address;	City;	State;	Zip Code
55.93	18914 FM 1488 Rd, Magnolia, TX 77	'355		
	Category (See Calegories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	FOOD EXPENSE	MEETING WI	TH CONSTIU	ENTS
	Check if fravel 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			
02/24/2024	THE UPS STORE			
Amount (\$)	Payee address; 18640 FM 1488 Rd, Magnolia, TX 77	City;	State;	Zlp Code
30.44	TOOTO I WI ITOO I Ka, IMagilolia, IX II	004		
·	Category (See Categories listed at the top of this schedule)	Description	·····	
PURPOSE OF EXPENDITURE	FUNDRAISING EXPENSE	PRINT FLYER	S FOR FUND	RAISER
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, 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 NE	EDED	

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/Relmbursement 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	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethic	s Commission Filers)	
4 Date 02/25/2024	5 Payee name CAVENDER'S				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
204.58	14031 Northwest Frwy, Houston, TX	77040			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	EVENT EXPENSE	SUPPLIES NEEDED FOR RODEO			
	(c) Check if fravel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living	a expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
02/25/2024	CAVENDER'S				
Amount (\$)	Payee address;	City;	State;	Zip Code	
241.61	6760 N Grand Pkwy, Spring, TX 773	89			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description SUPPLIES N	EEDED FOR	RODEO	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
02/25/2024	CAVENDER'S				
Amount (\$)	Payee address;	City;	State;	Zip Code	
651.88	6760 N Grand Pkwy, Spring, TX 773	89			
	Category (See Calegories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	EVENT EXPENSE	SUPPLIES NE	EDED FOR	RODEO	
	Check if travel outside of Texas, Complete Schedule T.	Check If Aust	in, TX, afficeholder living	expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

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 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 Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

•	·	<u> </u>		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date 02/26/2024	5 Payee name BUZZ LIQUOR			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
170.57	16507 Mueschke Rd, Cypress, TX 77	7433		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	GIFT EXPENSE	CONSTIUENT	r GIFTS	
OF EXPENDITURE				
	(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/O	Candidate / Officeholder name -l	Office sought		Office held
Date	Payee name			
02/27/2024	GABINO MARTINEZ			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,150.00	202 Border St, Forney, TX 75126			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	FUNDRAISING EXPENSE	SPEED PAIN	TER FOR FU	NDRAISER
	Check if travel outside of Texas. Complete Schedule T.	Check If Aust	iln, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/29/2024	MWHS PROJECT PROM			
Amount (\$)	Payee address;	City;	State;	Zip Code
240.00	42202 FM 1774, Magnolia, TX 77354			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	DONATION F	OR PROJECT	F PROM
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	ıln, TX, officeholdər living	expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
03/01/2024	CHAD JORDAN			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
2,000.00	24614 Nottingham Circle, Hockley, T	X 77447		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	DONATION T	O BASEBALL	TEAM
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aus	tin, TX, officeholder fiving	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	40000	Office held
Date	Payee name			* **
03/01/2024	H-E-B			
Amount (\$)	Payee address;	City;	State;	Zip Code
49.98	7988 FM 1488, Magnolia, TX 77354			
,	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	SUPPLIES FOR SCHOOL	R COOKING EVE	INT FOR
	Check if travel outside of Texas. Complete Schedule T,	Check if Aus	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
03/02/2024	MAGNOLIA'S BEST STORAGE			
Amount (\$)	Payee address;	City;	State;	Zlp Code
224.00	37805 FM 1774, Magnolia, TX 77355			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	RENTAL EXPENSE	STORAGE UI AND SIGNS	NIT FOR COC	K TRAILER
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense
Complete ONLY if direct	<u> </u>			Office held
expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office flord

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

<u> </u>	The Instruction Guide explains how to c	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date 03/04/2024	5 Payee name CAVENDER'S			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
97.44	2300 Earl Rudder Frwy S, College St	ation, TX 77840)	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	EVENT EXPENSE	SUPPLIES NE	EDED FOR F	RODEO
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Auslin	n, TX, officeholder living e	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	C	Office held
Date	Payee name			**
03/05/2024	WOODFOREST WAVEBREAKERS			
Amount (\$)	Payee address;	City;	State;	Zip Code
250.00	251 Central Pine St, Montgomery, TX	(77316		
	Category (See Categories listed at the top of this schedule)	Description	المراجعة الم	
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	DONATION TO V	NOODFOREST	SWIM LEAW
	Check if travel outside of Texas, Complete Schedule T.	Check if Austir	n, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
03/06/2024	CLEARWATER EXPRESS			
Amount (\$)	Payee address;	City;	State;	Zip Code
44.97	14206 FM 1488 Rd, Magnolia, TX 773	354		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	·	CAR WASH MI CAMPAIGN VE		FOR
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	xpense
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 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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
03/07/2024	MORTON'S			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
453.98	25 Waterway Ave, The Woodlands, 7	TX 77380		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	FOOD EXPENSE	MEETING WI	TH CONSTIT	UENTS
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
03/12/2024	GMPCC			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,125.00	PO Box 399, Magnolia, TX 77353			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	ANNUAL DUES	FOR CHAMBEI	R MEMBERSHIF
	Check if travel outside of Texas, Complete Schedule T.	Check If Aust	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
03/13/2024	MWHS FOOTBALL BOOSTER CLU	В		
Amount (\$)	Payee address;	City;	State;	Zip Code
560.00	42202 FM 1774, Magnolia, TX 77354			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	DONATION FO	OR GOLF TO	URNAMENT
	Check if travel outside of Texas. Complete Schedule T.	Check If Austi	ın, TX, officeholder living	j expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name -I	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

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

Credit Card Payment	The instruction Guide explains how to c	complete this form.	•	
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date 03/15/2024	5 Payee name MAGNOLIA LIONS CLUB			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
250.00	400 Melton St, Magnolia, TX 77355			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	DONATION F	OR PANCAKE	SUPPER
	(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/O	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
03/16/2024	LAKE CONROE AREA REPUBLICAI	N WOMEN		
Amount (\$)	Payee address;	City;	State;	Zip Code
1,005.00	PO Box 737, Montgomery, TX 77356			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	DONATION F	OR ELECTIO	N SUPPLIES
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
03/20/2024	THE ANGRY ELEPHANT			
Amount (\$)	Payee address;	City;	State;	Zip Code
43.70	7030 FM 1488 # 100, Magnolia, TX 7	7354		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	FOOD EXPENSE	MEETING WIT	TH CONSTITU	JENTS
	Check if travel outside of Texas. Complete Schedule T.	Check if Austl	n, TX, officeholder living o	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	EDED	

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 Giff/Awards/Memorials Expense Lagal Services Loan Repayment/Relmbursement 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.

4 Date 03/21/2024 AF 6 Amount (\$) 7 F 50.63 (a)	FILER NAME ONSTABLE CHRIS JONES Payee name MAZON Payee address; O Terry Ave N, Seattle, WA 98109 Category (See Categories listed at the top of this schedule) UNDRAISING EXPENSE	City;	3 Filer ID (Ethics	s Commission Filers Zip Code
03/21/2024 AF 6 Amount (\$) 7 F 50.63 (a) PURPOSE OF	MAZON Payee address; O Terry Ave N, Seattle, WA 98109 Category (See Categories listed at the top of this schedule)	_	State;	Zip Code
50.63 B (a) PURPOSE OF	O Terry Ave N, Seattle, WA 98109 Category (See Categories listed at the top of this schedule)	_	State;	Zip Code
B (a) PURPOSE F	Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE F		(b) Description		
OF	UNDRAISING EXPENSE			······
EXPENDITURE		SUPPLIES FO	R FUNDRAI	SER
(c)	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
Date F	Payee name	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
03/21/2024 AM	MAZON			
Amount (\$) F	Payee address;	City;	State;	Zip Code
321.74	O Terry Ave N, Seattle, WA 98109			
1	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE F OF EXPENDITURE	UNDRAISING EXPENSE	NEON SIGN F	FOR FUNDRA	AISER
	Check if travel outside of Texas. Complete Schedute T.	Check if Austi	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			
03/21/2024 _{M/}	AGNOLIA HUNTING SUPPLY			
	Payee address;	City;	State;	Zip Code
964.18 $ ^{254}$	434 Hardin Store Rd, Magnolia, TX	77354		
(Category (See Categories listed at the top of this schedule)	Description		
PURPOSE FU OF EXPENDITURE	JNDRAISING EXPENSE	SUPPLIES FO	R FUNDRAIS	SER
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	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 S	SCHEDULE AS NEE	nen	

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 Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to d	complete this form.		
Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethlos	Commission Filers)
4 Date 03/21/2024	5 Payee name RANCHO GRANDE			
S Amount (\$)	7 Payee address;	City;	State;	Zip Code
96.73	18914 FM 1488 Rd, Magnolia, TX 77	355		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	FOOD EXPENSE	MEETING TO	DISCUSS FU	JNDRAISER
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		· · · · · · · · · · · · · · · · · · ·	
03/22/2024	AMAZON			
Amount (\$)	Payee address;	City;	State;	Zip Code
261.45	440 Terry Ave N, Seattle, WA 98109			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	FUNDRAISING EXPENSE	SUPPLIES FO	OR FUNDRAI	SER
	Check if travel outside of Texas. Complete Schedule T.	Check If Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/22/2024	WEBSTAURANT STORE			
Amount (\$)	Payee address;	City;	State;	Zip Code
246.66	40 Citation Ln, Lititz, PA 17543			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	FUNDRAISING EXPENSE	SUPPLIES FO	R FUNDRAIS	SER
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder fiving	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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

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

	The instruction Guide explains how to d	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date 03/23/2024	5 Payee name AMAZON			
6 Amount (\$)	7 Payee address;	City;	State;	Zlp Code
42.26	440 Terry Ave N, Seattle, WA 98109			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	AUCTION ITE WALKER FUN		BERT
	(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/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		· · · · · · · · · · · · · · · · · · ·	
03/26/2024	AMAZON		,	
Amount (\$)	Payee address;	City;	State;	Zip Code
72.58	440 Terry Ave N, Seattle, WA 98109			
· " · ·	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	AUCTION ITEMS FUNDRAISER	S FOR ROBER1	WALKER
:	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 ł	Office sought		Office held
Date	Payee name			
03/27/2024	AMAZON		_	
Amount (\$)	Payee address;	City;	State;	Zip Code
25.73	440 Terry Ave N, Seattle, WA 98109			
-	Category (See Categories listed at the top of this schedule)	Description		***************************************
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	AUCTION ITEI WALKER FUN		BERT
	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
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

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

	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
44	CONSTABLE CHRIS JONES			
Date 03/27/2024	5 Payee name PROFORMA			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
346.27	8800 E Pleasant Valley Rd, Cleveland	d, OH 44131		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	BRANDED K	OOZIES	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, afficeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
04/02/2024	MAGNOLIA'S BEST STORAGE			
Amount (\$)	Payee address;	City;	State;	Zip Code
224.00	37805 FM 1774, Magnolia, TX 77355			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	RENTAL EXPENSE	STORAGE UNIT	T FOR COOK TE	RAILER AND
		310113		
OF	Check If travel cuiside of Texas. Complete Schedule T.		tin, TX, officeholder living	j expense
OF	Candidate / Officeholder name		tin, TX, officeholder living	g expense Office held
OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name	Check if Aus	tin, TX, officeholder living	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Check if Aus	tin, TX, officeholder living	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H Payee name A POP OF COLOR Payee address;	Check if Aus	tin, TX, officeholder living	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 04/03/2024	Candidate / Officeholder name H Payee name A POP OF COLOR	Check if Aus Office sought		Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 04/03/2024 Amount (\$)	Candidate / Officeholder name H Payee name A POP OF COLOR Payee address; PO Box 821, Spring, TX 77383 Category (See Categories listed at the top of this schedule)	Check if Aus Office sought City; Description	State;	Office held Zip Code
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 04/03/2024 Amount (\$)	Candidate / Officeholder name H Payee name A POP OF COLOR Payee address; PO Box 821, Spring, TX 77383	Check if Aus Office sought City;	State;	Office held Zip Code
Complete ONLY if direct expenditure to benefit C/O Date 04/03/2024 Amount (\$) 491.46	Candidate / Officeholder name H Payee name A POP OF COLOR Payee address; PO Box 821, Spring, TX 77383 Category (See Categories listed at the top of this schedule)	Check if Aus Office sought City; Description BALLOONS F	State;	Zip Code
Complete ONLY if direct expenditure to benefit C/O Date 04/03/2024 Amount (\$) 491.46 PURPOSE OF	Candidate / Officeholder name H Payee name A POP OF COLOR Payee address; PO Box 821, Spring, TX 77383 Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE Check if travel outside of Texas. Complete Schedulo T. Candidate / Officeholder name	Check if Aus Office sought City; Description BALLOONS F	State; FOR FUNDRA	Zip Code

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

Loan Repayment/Retmbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Other (enter a category not listed above)

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

	The instruction durae explains now to t	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethica	s Commission Filers)
4 Date 04/03/2024	5 Payee name AMAZON			
6 Amount (\$)	7 Payee address;	City;	State;	Zlp Code
9.63	440 Terry Ave N, Seattle, WA 98109			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	FUNDRAISING EXPENSE	SUPPLIES FO)R FUNDRAI	SER
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living	j expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
04/03/2024	AMAZON			
Amount (\$)	Payee address;	City;	State;	Zip Code
28.67	440 Terry Ave N, Seattle, WA 98109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE	SUPPLIES FOR FUNDRAISER		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living	ı expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	***************************************	Office held
Date	Payee name			
04/03/2024	GRINGO'S			
Amount (\$)	Payee address;	City;	State;	Zip Code
230.95	30420 FM 2978 Rd, The Woodlands,	TX 77354		
	Category (See Categories listed at the top of this schedule)	Description	-	
PURPOSE OF EXPENDITURE	FOOD EXPENSE	MEETING WIT	H COMMAN	D STAFF
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	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	EDED	

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/Memorlals Expense Legal Services

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

Solicitation/Fundralsing 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	complete this form.		
1 Total pages Schedule F	F1: 2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethica	Commission Filers)
4 Date 04/04/2024	5 Payee name VARSITY SPIRIT			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
699.17	711 N Front St Ste 100, Memphis, Ti	N 38107		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	DONATION F UNIFORMS	OR MWHS C	HEER
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Occupiete ONLY if direct expenditure to benefit C		Office sought		Office held
Date	Payee name			
04/06/2024	CLEARWATER EXPRESS			
Amount (\$)	Payee address;	City;	State;	Zip Code
44.97	14206 FM 1488 Rd, Magnolia, TX 77	7354		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description CARWASH MEN VEHICLES	MBERSHIP FOR	CAMPAIGN
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	ı expense
Complete ONLY if direct expenditure to benefit Co		Office sought		Office held
Date	Payee name			
04/06/2024	JRI			
Amount (\$)	Payee address;	City;	State;	Zip Code
645.00	PO Box 698, Magnolia, TX 77353			
	Category (See Categories listed at the top of this schedule)	Description		11,111
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	FUNDRAISER	FUNDRAISER GOLF TOURNAMENT	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	j expense
Complete ONLY If direct expenditure to benefit Co		Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDIII E AS MEI	FDFD	
	AI IAGH ADDITIONAL GOFFES OF THIS	JOHLDOLE AG NE		Deviced 4/4/20

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

Candidate/Officeholder/Politics Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date 04/08/2024	5 Payee name MAGNOLIA EVENT CENTER		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
3,375.00	11659 FM 1488 Rd, Magnolia, TX 7	7354	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PÜRPOSE OF EXPENDITURE	FUNDRAISING EXPENSE	EVENT RENT	TAL FOR FUNDRAISER
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Ausl	lin, 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		
04/08/2024	MISD		
Amount (\$)	Payee address;	City;	State; Zip Code
250.00	31164 Nichols Sawmill Rd, Magnolia	ı, TX 77355	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	DONATION FOR CEREMONY	R TEACHER OF THE YEAR
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/08/2024	SOUTHERN HERITAGE CONSULT	ING	
Amount (\$)	Payee address;	City;	State; Zlp Code
2,500.00	29567 Tudor Way, Magnolia, TX 773	355	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	CONSULTING EXPENSE	FUNDRAISER EXPENSE	RCOORDINATOR
	Check if travel outside of Texas, Complete Schedule T.	Check If Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED
	, , , , , , , , , , , , , , , , , , ,		Deviced 4/4/20

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 Giff/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	complete this form.	Dojat (cino, a carego	ily not listed above)
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date 04/10/2024	5 Payee name THE UPS STORE			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
176.25	18640 FM 1488 Rd, Magnolia, TX 77	'354		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	FUNDRAISING EXPENSE	PRINT MATE	RIALS FOR F	UNDRAISER
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/11/2024	MELISSA JONES CASHED CHECK			
Amount (\$)	Payee address;	City;	State;	Zip Code
550.00	22619 BANEBERRY RD, MAGNOLI.	A, TX 77355		
	Category (See Categories listed at the top of this schedule)	Description		.,
PURPOSE OF EXPENDITURE	ACCOUNTING/BANKING	PETTY CASH N	IEEDED FOR FU	JNDRAISER
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought		Office held
Date	Payee name			· · · · · · · · · · · · · · · · · · ·
04/11/2024	THE UPS STORE			
Amount (\$)	Payee address;	City;	State;	Zip Code
161.57	18640 FM 1488 Rd, Magnolia, TX 77	354		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	FUNDRAISING EXPENSE	PRINT MATE	RIALS FOR F	UNDRAISER
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	ехрепѕе
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
04/12/2024	GABINO MARTINEZ		04-4	7in Code
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
2,450.00	202 Border St, Forney, TX 75126			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	FUNDRAISING EXPENSE	SPEED PAIN	TER FOR FU	NDRAISER
	(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/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	,		
04/12/2024	RANCHO GRANDE			
Amount (\$)	Payee address;	City;	State;	Zip Code
69.06	18914 FM 1488 Rd, Magnolia, TX 77 	355		
,	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	FOOD EXPENSE	MEETING WI	TH CONSTIT	UENTS
EXPENDITURE				
	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/Oh	Candidate / Officeholder name I	Office sought		Office held
Date	Payee name			
04/12/2024	RANCHO GRANDE			
Amount (\$)	Payee address;	City;	State;	Zip Code
186.07	18914 FM 1488 Rd, Magnolia, TX 773	J05		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	FOOD EXPENSE	MEETING WIT	TH CONSTITU	JENTS
	Check if travel outside of Texas. Complete Schedule T.	Check If Aust	In, TX, officeholder living	ехрепsе
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to	vages/ContractLabor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
1 Date	5 Payee name		
04/12/2024	THE UPS STORE		
3 Amount (\$)	7 Payee address;	City;	State; Zip Code
161.41	18640 FM 1488 Rd, Magnolia, TX 77	7354	
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	FUNDRAISING EXPENSE	PRINT MATE	RIALS FOR FUNDRAISER
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		A de servicio de s
04/14/2024	A POP OF COLOR		
Amount (\$)	Payee address;	City;	State; Zip Code
21.65	PO Box 821, Spring, TX 77383		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	FUNDRAISING EXPENSE	BALLOONS F	FOR FUNDRAISER
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	lin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/15/2024	NATHAN ARAZANTE		
Amount (\$)	Payee address;	City;	State; Zlp Code
400.00	215 Pine Shadow Dr, Conroe, TX 773	301	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	FUNDRAISING EXPENSE	PHOTOGRAP	HER FOR FUNDRAISER
	Check if travel outside of Texas. Complete Schedule T.	Check If Aust	in, 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 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/Memorlals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Wages/Contract Labor

, Orditoald Layrich	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethio	s Commission Fifers)
4 Date 04/16/2024	5 Payee name MAGNOLIA COWBOY CHURCH			
6 Amount (\$)	7 Payee address;	City;	Stata	Zin Code
		-	State;	Zip Code
500.00	23245 Glenmont Estates Blvd, Magn	Olia, 1X 77355		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	CRAWFISH P	ARTY DONA	TION
	(c) Check if travel outside of Texas, Complete Schedule T.	Check If Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name		**************************************	The state of the s
04/16/2024	SOUTHERN HERITAGE CONSULTI	NG		
Amount (\$)	Payee address;	City;	State;	Zip Code
11,400.00	29567 Tudor Way, Magnolia, TX 773	55		
	Category (See Categorios listed at the top of this schedule)	Description		-
PURPOSE	CONSULTING EXPENSE	FUNDRAISEF	R COORDINA	ATOR
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check If Austi	n, TX, officeholder livinç	j expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	, , , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·
04/17/2024	HOUSTON TEXANS			
Amount (\$)	Payee address;	Clty;	State;	Zip Code
284.64	8400 Kirby Dr, Houston, TX 77054			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	GIFT/AWARD EXPENSE	TICKETS FOR	GIFTS OR [OONATIONS
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin	ı, 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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		• • • • • • •
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
Date 04/18/2024	5 Payee name W BRADSHAW BONEY			
3 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,287.70	18333 Egret Bay Blvd, Ste 110, Web	ster, TX 77058		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	FUNDRAISING EXPENSE	MAIL OUT MA FUNDRAISER		R
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aust	tin, TX, officeholder fiving	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/19/2024	LINDA STUCKEY			
Amount (\$)	Payee address;	City;	State;	Zìp Code
250.00	30310 Charlie Ln, Magnolia, TX 773	55		
	Category (See Calegories listed at the top of this schedule)	Description	*	
PURPOSE OF EXPENDITURE	DONATION MADE BY OH		R AUCTION ITEN WBOY CHURCH	
	Check If travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	ı	Office held
Date	Payee name			
04/19/2024	MHS CHEER BOOSTER			
Amount (\$)	Payee address;	City;	State;	Zip Code
500.00	14350 FM 1488 Rd, Magnolia, TX 77	354		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	DONATION TO	O MAG HIGH	CHEER
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	ехрепѕе
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	,	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDUI F AS NEI	FDFD	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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 Glft/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethlcs Commission Filers)
4 Date 04/20/2024	5 Payee name H E B		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
244.07	7988 FM 1488, Magnolia, TX 77354		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	SUPPLIES FO	OR SCHOOL PARTY
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, afficeholder fiving expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/23/2024	MELISSA JONES CASHED CHECK		
Amount (\$)	Payee address;	City;	State; Zip Code
150.00	22619 Baneberry Rd, Magnolia, TX 7	7355	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING	Description CASH FOR TAB FUNDRAISER	SLE CLOTH CLEANING AFTER
OF		CASH FOR TAB FUNDRAISER	BLE CLOTH CLEANING AFTER
OF	BANKING Check If travel outside of Texas, Complete Schedule T. Candidate / Officeholder name	CASH FOR TAB FUNDRAISER	
OF EXPENDITURE Complete ONLY if direct	BANKING Check If travel outside of Texas, Complete Schedule T. Candidate / Officeholder name	CASH FOR TAB FUNDRAISER	in, TX, officeholder living expense
OF EXPENDITURE Complete ONLY If direct expenditure to benefit C/OF	BANKING Check If travel outside of Texas, Complete Schedule T. Candidate / Officeholder name	CASH FOR TAB FUNDRAISER	in, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	BANKING Check If travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Payee name MHS CHEER BOOSTER Payee address;	CASH FOR TAB FUNDRAISER Check if Aust Office sought City;	in, TX, officeholder living expense
OF EXPENDITURE Complete ONLY If direct expenditure to benefit C/OF Date 04/25/2024	BANKING Check If travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Payee name MHS CHEER BOOSTER	CASH FOR TAB FUNDRAISER Check if Aust Office sought City;	in, TX, officeholder living expense Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 04/25/2024 Amount (\$)	Check If travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name MHS CHEER BOOSTER Payee address; 14350 FM 1488 Rd, Magnolia, TX 773 Category (See Categories listed at the top of this schedule)	CASH FOR TAB FUNDRAISER Check if Aust Office sought City;	in, TX, officeholder living expense Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 04/25/2024 Amount (\$)	Check If travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name MHS CHEER BOOSTER Payee address; 14350 FM 1488 Rd, Magnolia, TX 773	CASH FOR TAB FUNDRAISER Check if Aust Office sought City; 354 Description	in, TX, officeholder living expense Office held
Complete ONLY if direct expenditure to benefit C/OFDate 04/25/2024 Amount (\$) 100.00 PURPOSE OF	Check If travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name MHS CHEER BOOSTER Payee address; 14350 FM 1488 Rd, Magnolia, TX 773 Category (See Categories listed at the top of this schedule)	CASH FOR TAB FUNDRAISER Check if Aust Office sought City; 354 Description DONATION TO	on, TX, officeholder living expense Office held State; Zip Code
Complete ONLY if direct expenditure to benefit C/OFDate 04/25/2024 Amount (\$) 100.00 PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name MHS CHEER BOOSTER Payee address; 14350 FM 1488 Rd, Magnolia, TX 77; Category (See Categories listed at the top of this schedule) DONATION MADE BY OH Check if travel outside of Texas. Complete Schedulo T. Candidate / Officeholder name	CASH FOR TAB FUNDRAISER Check if Aust Office sought City; 354 Description DONATION TO	Office held State; Zip Code

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

Credit Gard Payment	The Instruction Guide explains how to o	complete this form.	, , , , ,
1 Total pages Schedule F1	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date 04/26/2024	5 Payee name AMAZON		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
128.65	440 Terry Ave N, Seattle, WA 98109		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	OFFICE EXPENSE	OFFICE SUP	PLIES
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Ausl	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
04/26/2024	RANCHO GRANDE		
Amount (\$)	Payee address;	City;	State; Zip Code
127.88	18914 FM 1488 Rd, Magnolia, TX 77	355	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	FOOD EXPENSE	MEETING WI	TH COMMAND STAFF
	Check If travel outside of Texas. Complete Schedule T.	Check if Ausi	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
04/27/2024	CHURROLOGY		
Amount (\$) 175.00	Payee address; 200 Fountain Ln # 7108, Conroe, TX	77304	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	EVENT EXPENSE	CHURROS DI	EPOSIT FOR DEPT PARTY
	Check if travel outside of Texas. Complete Schedule T.	Check If Aust	ln, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

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/Benking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Gard Payment

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

2 FILER NAME CONSTABLE CHRIS JONES 5 Payee name	. •	3 Filer ID (Ethics	Commission Filers)
5 Payee name			
PIZZAIOLOS			
7 Payee address;	City;	State;	Zip Code
8304 FM 1488, Magnolia, TX 77354			
(a) Category (See Categories listed at the top of this schedule)	(b) Description		
DONATION BY OH	PIZZA PARTY	FOR SCHO	OL
(c) Check if travel outside of Texas. Complete Schedule T.	Check if Ausi	iin, TX, officeholder living	expense
Candidate / Officeholder name H	Office sought		Office held
Payee name			
MAGNOLIA APOSTOLIC CHURCH			
Payee address;	City;	State;	Zip Code
18235 FM 1488, Magnolia, TX 77354			
Category (See Categories listed at the top of this schedule)	Description	, , , , , , , , , , , , , , , , , , , ,	
DONATION MADE BY OH	DONATION T	O CHURCH I	BIZARRE
Check if travel outside of Texas. Complete Schedule T.	Check If Aust	iln, TX, officeholder living	expense
Candidate / Officeholder name H	Office sought		Office held
Payee name			
MAGNOLIA AREA SOFTBALL			
Payee address;	City;	State;	Zlp Code
31611 Sugar Bend Dr, Magnolia, TX 7	77354		
Category (See Categories listed at the top of this schedule)	Description		
DONATION MADE BY OH	DONATION M	ADE TO MAC	SOFTBALL
Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Candidate / Officeholder name H	Office sought		Office held
	(a) Category (See Categories listed at the top of this schedule) DONATION BY OH (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name MAGNOLIA APOSTOLIC CHURCH Payee address; 18235 FM 1488, Magnolia, TX 77354 Category (See Categories listed at the top of this schedule) DONATION MADE BY OH Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name MAGNOLIA AREA SOFTBALL Payee address; 31611 Sugar Bend Dr, Magnolia, TX 7 Category (See Categories listed at the top of this schedule) DONATION MADE BY OH Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	(a) Category (See Categories listed at the top of this schedule) DONATION BY OH (c) Check if travel outside of Texas. Complete Schedule T. Chack if Aust Candidate / Office holder name Payee name MAGNOLIA APOSTOLIC CHURCH Payee address; City; 18235 FM 1488, Magnolia, TX 77354 Category (See Categories listed at the top of this schedule) DONATION MADE BY OH Check if travel outside of Texas. Complete Schedule T. Check if Aust Candidate / Office holder name MAGNOLIA AREA SOFTBALL Payee name MAGNOLIA AREA SOFTBALL Payee address; City; 31611 Sugar Bend Dr, Magnolia, TX 77354 Category (See Categories listed at the top of this schedule) DONATION MADE BY OH Check if travel outside of Texas. Complete Schedule T. Check if Aust Category (See Categories listed at the top of this schedule) DONATION MADE BY OH Check if travel outside of Texas. Complete Schedule T. Check if Aust Category (See Categories listed at the top of this schedule) DONATION MADE BY OH Check if travel outside of Texas. Complete Schedule T. Check if Aust Candidate / Officeholder name Office sought	(a) Category (See Categories listed at the top of this schedule) DONATION BY OH (b) Description PIZZA PARTY FOR SCHO (c) Check if tweeloutside of Texas. Complete Schedule T. Candidate / Officeholder name MAGNOLIA APOSTOLIC CHURCH Payee address; Category (See Categories listed at the top of this schedule) DONATION MADE BY OH Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name MAGNOLIA APOSTOLIC CHURCH Payee address; Category (See Categories listed at the top of this schedule) DONATION TO CHURCH II Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name MAGNOLIA AREA SOFTBALL Payee address; 31611 Sugar Bend Dr, Magnolia, TX 77354 Category (See Categories listed at the top of this schedule) DONATION MADE BY OH Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) DONATION MADE TO MAC Check if faustin, TX, officeholder living

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date 05/02/2024	5 Payee name MAGNOLIA'S BEST STORAGE		
6 Amount (\$) 224.00	7 Payee address; 37805 FM 1774, Magnolia, TX 7735	City;	State; Zlp Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	RENTAL EXPENSE	, ,	NIT FOR COOK TRAILER
	(c) Check if travel outside of Texas, Complete Schedule T,	Check if Ausl	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	***************************************	
05/06/2024	CLEARWATER EXPRESS		
Amount (\$)	Payee address;	City;	State; Zip Code
44.97	14206 FM 1488 Rd, Magnolia, TX 77	7354	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description CARWASH MEM VEHICLES	MBERSHIP FOR CAMPAIGN
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/06/2024	ST MATTHIAS CHURCH		
Amount (\$) 395.00	Payee address; 302 Magnolia Blvd, Magnolia, TX 773	City; 355	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	DONATION TO	O FUNDRAISER
·	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
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

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 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/Politic Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to e	Vages/Contract Labor	Other (enter a category	not listed above)
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics (Commission Filers)
4 Date 05/06/2024	5 Payee name ST MATTHIAS CHURCH			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,900.00	302 Magnolia Blvd, Magnolia, TX 773	355		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	DONATION T	O FUNDRAISE	ER
LAI LIVETTORE	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	C	ffice held
Date	Payee name			The state of the s
05/07/2024	BECCA WILLIAMS			
Amount (\$)	Payee address;	City;	State;	Zip Code
530.00	1215 Mulcahy St, Rosenberg, TX 774	471		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name I	Office sought	0	ffice held
Date	Payee name	· · · · · · · · · · · · · · · · · · ·		
05/09/2024	AMAZON			
Amount (\$)	Payee address;	City;	State;	Zip Code
12.87	440 Terry Ave N, Seattle, WA 98109			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	EVENT EXPENSE	SUPPLIES FO	R COOKING E	EVENT
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin	n, TX, officeholder living ex	cpense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	C	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

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 Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

1	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date 05/09/2024	5 Payee name H E B		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
86.17	7988 FM 1488, Magnolia, TX 77354		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	DONATION F	OR SCHOOL EVENT
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder fiving expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
05/10/2024	AMAZON		·
Amount (\$)	Payee address;	City;	State; Zip Code
151.51	440 Terry Ave N, Seattle, WA 98109		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	EVENT EXPENSE	SUPPLIES FOR	COOKING AT SCHOOL EVENT
EXPENDITURE			
CAPENDITORE			
EXPENDITORE	Chack if travel outside of Texas, Complete Schadule 1.	Check If Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Check If Austi Office sought	n, TX, officeholder living expense Office held
Complete ONLY if direct	Candidate / Officeholder name		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name Payee name JANIYAH ALDRIDGE Payee address;	Office sought	
Complete ONLY if direct expenditure to benefit C/OI Date 05/16/2024	Candidate / Officeholder name Payee name JANIYAH ALDRIDGE	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OI Date 05/16/2024 Amount (\$)	Candidate / Officeholder name Payee name JANIYAH ALDRIDGE Payee address; 18704 Knippa Ct, Magnolia, TX 77355 Category (See Calegories listed at the top of this schedule)	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OI Date 05/16/2024 Amount (\$)	Candidate / Officeholder name Payee name JANIYAH ALDRIDGE Payee address; 18704 Knippa Ct, Magnolia, TX 77355 Category (See Categories listed at the top of this schedule)	Office sought City;	Office held State; Zlp Code
Complete ONLY if direct expenditure to benefit C/OI Date 05/16/2024 Amount (\$) 250.00 PURPOSE OF	Candidate / Officeholder name Payee name JANIYAH ALDRIDGE Payee address; 18704 Knippa Ct, Magnolia, TX 77355 Category (See Categories listed at the top of this schedule)	Office sought City; Description GRADUATION	Office held State; Zlp Code
Complete ONLY if direct expenditure to benefit C/OI Date 05/16/2024 Amount (\$) 250.00 PURPOSE OF	Candidate / Officeholder name Payee name JANIYAH ALDRIDGE Payee address; 18704 Knippa Ct, Magnolia, TX 77355 Category (See Categories listed at the top of this schedule) GIFT EXPENSE Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought City; Description GRADUATION	Office held State; Zip Code

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 Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Polling Expense Travel In District

Printing Expense Travel Out of District

Salaries/Wages/Contract Lehor Other (enter a category not listed above)

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

	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
05/11/2024	MAGNOLIA VFW			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,750.00	18904 FM 1488, MAGNOLIA, TX 773	355		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	DONATION F	OR NEW CH	APTER OPEN
	(c) Check if travel cutside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
05/16/2024	MHS BAND BOOSTER CLUB			
Amount (\$)	Payee address;	City;	State;	Zip Code
250.00	14350 FM 1488, Magnolia, TX 77354	1		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	DONATION MADE BY OH	DONATION FOR	R 2024-2025 BA	ND SEASON
OF EXPENDITURE				
	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/Ol	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name	, , , , , , , , , , , , , , , , , , , ,	-	
05/16/2024	THE ANGRY ELEPHANT			
Amount (\$)	Payee address;	Clty;	State;	Zip Code
237.23	7030 FM 1488 #100, Magnolia, TX 77	7354		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	FOOD EXPENSE	MEETING WIT	TH COMMAN	D STAFF
OF EXPENDITURE		ν		
	Check if travel outside of Toxas, Complete Schedule T.	Check if Austi	n, TX, officeholder living	ехрепае
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

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 Cift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense T Salaries/Wages/Contract Labor C

Solicitation/Fundralsing 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CONSTABLE CHRIS JONES 4 Date 5 Payee name 05/17/2024 **HOUSTON TEXANS** 6 Amount (\$) 7 Payee address; City; State; Zip Code 8400 Kirby Dr, Houston, TX 77054 376.88 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 GIFT EXPENSE TICKETS FOR GIFTS/DONATIONS **PURPOSE EXPENDITURE** (c) Check if Iravel 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 MALLORY KNEE 05/20/2024 Amount (\$) Payee address; City; State: Zip Code 384 Skylark St, Magnolia, TX 77355 250.00 Category (See Categories listed at the top of this schedule) Description **GIFT EXPENSE** GRADUATION GIFT **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T, Check If Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 05/20/2024 MWHS FILLIES BOOSTER CLUB Amount (\$) Payee address; City; Zlp Code 42202 FM 1774, Magnolia, TX 77354 1,000.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** DONATION MADE BY OH DONATION FOR 2024-2025 SEASON 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Citor (onto a catogo	it hattiated twastal
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	: Commission Filers)
4 Date 05/21/2024	5 Payee name MAGNOLIA EVENT CENTER			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
3,375.00	11659 FM 1488 Rd, Magnolia, TX 77	354		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	FUNDRAISING EXPENSE	VENUE RENT	TAL FOR FUN	IDRAISER
	(c) Check if travel outside of Texas, Complete Schedule T,	Check if Aust	tin, 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			
05/31/2024	AMAZON			
Amount (\$)	Payee address;	City;	State;	Zip Code
87.67	440 Terry Ave N, Seattle, WA 98109			
	Category (See Categories listed at the top of this scheduls)	Description		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	DONATION TO SENIOR CENTER FOR FATHER'S DAY CELEBRATION		
	Chack if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	· · · · · · · · · · · · · · · · · · ·	Office held
Date	Payee name			
05/31/2024	AMAZON			
Amount (\$) 169.86	Payee address; 440 Terry Ave N, Seattle, WA 98109	City;	State;	Zip Code
100.00		<u></u>		
PUDDOS.	Category (See Categories listed at the top of this schedule)	Description	0.051,05.05	NTER EAR
PURPOSE OF EXPENDITURE		DONATION TO FATHER'S DA		
	Check if travel outside of Texas. Complete Schodule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held

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 Glft/Awards/Memorials Expense Legal Services

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

	The Instruction Guide explains how to	complete this form.	Ι.,	
Total pages Schedule F1	CONSTABLE CHRIS JONES		3 Filer ID (Ethic	s Commission Filers
4 Date 1	5 Payee name			
05/31/2024	PREMIER BEVERAGE			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,284.15	13080 TX 105, Conroe, TX 77304			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	GIFT EXPENSE	PURCHASE (GIFTS FOR	
OF EXPENDITURE		CONSTITUE	NTS	
	(C) Check if travel outside of Texas, Complete Schedule T.	Check if Aust	tin, TX, officeholder fivin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought		Office held
Date	Payee name			
05/31/2024	SOCIETY OF SAMARITANS			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,250.00	31355 Friendship Dr, Magnolia, TX 7	7355	•	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	DONATION F	OR GALA	
And the Hart Cost to	Check if trevel outside of Texas, Complete Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
06/04/2024	DAWSON PARK			
Amount (\$)	Payee address;	City;	State;	Zlp Code
250.00	34126 High Point Dr, Magnolia, TX 7	7355		
	Category (See Categories listed at the top of this schedule)	Description		
	GIFT EXPENSE	GRADUATION		
PURPOSE OF EXPENDITURE		CONSTITUEN	ΙΤ	
OF	Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living	g expense

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

Credit Gard Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule I	F1: 2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethlor	Commission Filers)
1 Date 06/04/2024	5 Payee name MAGNOLIA'S BEST STORAGE			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
224.00	37805 FM 1774, Magnolia, TX 7735	5		
)	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	RENTAL EXPENSE	STORAGE U	NIT FOR COO	OK TRAILER
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C		Office sought		Office held
Date	Payee name			
06/06/2024	CLEARWATER EXPRESS			
Amount (\$)	Payee address;	City;	State;	Zip Code
44.97	14206 FM 1488 Rd, Magnolia, TX 77	7354		
	Category (See Categories listed at the top of this schedule)	Description		,
PURPOSE OF EXPENDITURE	FEES	VEHICLES	MBERSHIP FOR	CAMPAIGN
	Check if travel outside of Texas. Complete Schedule T.	Check If Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C		Office sought		Office held
Date	Payee name			
06/06/2024	GUS JORDAN			
Amount (\$)	Payee address;	City;	State;	Zip Code
250.00	24614 Nottingham Circle, Hockley, T	X 77447		
	Category (See Categories listed at the top of this schedule)	Description	· .	
PURPOSE OF EXPENDITURE	GIFT EXPENSE	GRADUATION CONSTITUEN		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C		Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS NE	ENEN	
	AT INCHADDITIONAL COFTED OF THIS	O GOTTEDULE MO NE	. L. L/ L. L/	

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)

Credit Card Payment	The Instruction Guide explains how to e	complete this form.		
1 Total pages Schedule F1	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethic	s Commission Filers)
⁴ Date 06/07/2024	5 Payee name EMILY BEESON			
3 Amount (\$)	7 Payee address;	City;	State;	Zip Code
250.00	20118 Sienna Ridge Ln, Magnolia, T	X 77355		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	GIFT EXPENSE	GRADUATIO	N GIFT	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held
Date	Payee name		· .	
06/11/2024	HOME DEPOT			
Amount (\$) 1,406.17	Payee address; 6119 FM 1488 Rd, Magnolia, TX 773	City; 854	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	EVENT EXPENSE	FANS FOR C	OOK TRAILE	ER .
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	itin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought		Office held
Date	Payee name			
06/12/2024	MUNDO'S TIRE			
Amount (\$) 474.65	Payee address; 35307 TX 249, Pinehurst, TX 77362	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	TRANSPORTATION EQUIPMENT	TIRES FOR C	OOK TRAILE	ER
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	
	(1 ·			Davidson I 4/4/00

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

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

·	The Instruction Gulde explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date 06/12/2024	5 Payee name CAM GORDON			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
500.00	30822 ROADIE PASS, MAGNOLIA, 1	ΓX 77355		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	GIFT EXPENSE	GRADUATION		
EXPENDITURE		CONSTITUENT		
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
06/17/2024	CHRISTINA WILLIAMS			
Amount (\$)	Payee address;	City;	State;	Zip Code
500.00	17423 WALNUT LN, MAGNOLIA, TX	77355		
	Category (See Categories listed at the top of this schedule)	Description		, , , , , , , , , , , , , , , , , , , ,
PURPOSE	GIFT EXPENSE	GRADUATION GIFT FOR CONSTITUENT		
OF EXPENDITURE				
	Check if travel outside of Texas, Complete Schedule T.	Check If Austin, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name i	Office sought		Office held
Date	Payee name			
06/14/2024	AMAZON			
Amount (\$)	Payee address;	City;	State;	Zip Code
160.83	440 Terry Ave N, Seattle, WA 98109			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	GIFT EXPENSE	COINS FOR VI	ETERANS PI	ROGRAM
	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 1	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 Feed/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing 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 d	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
06/13/2024	YOUNG LIFE			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
250.00	33300 EGYPT LN BULDING L 500, N	MAGNOLIA, TX	77354	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	DONATION MADE BY OH	DONATION FOR SUMMER CAMP		
OF EXPENDITURE				
	(c) Chack if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, afficeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name ⊣	Office sought		Office held
Date	Payee name			
06/18/2024	соѕтсо			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,190.49	26960 NORTHWEST FRWY, CYPRE	ESS, TX 77433		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	EVENT EXPENSE	SUPPLIES FOR COOK TRAILER AND STORAGE BINS FOR STORAGE		
OF EXPENDITURE		STORAGE BINGT OR STORAGE		
	Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
06/19/2024	HOUSTON TEXANS			
Amount (\$)	Payee address;	City;	State;	Zip Code
376.88	8400 Kirby Dr, Houston, TX 77054			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	GIFT/AWARDS EXPENSE	TICKETS FOR	GIFTS	
	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/OI	Candidate / Officeholder name	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

4 Date 5 06/25/2024 E 6 Amount (\$) 7	FILER NAME CONSTABLE CHRIS JONES Fayee name EXCEL K9 Payee address;		3 Filer ID (Ethics	Commission Filers)
06/25/2024 E	EXČEL K9			
	Pavee address:			
gan nn 3		City;	State;	Zip Code
090.00	9412 CHAMBERS RD, HEMPSTEA	D, TX 77445		
8 (2	a) Category (See Categories listed at the top of this schedule)	(b) Description	· · ·	
PURPOSE (OF EXPENDITURE	CONTRACT LABOR	PATROL DOG	TRAINING	
(4	C) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, 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			
06/24/2024 G	GREATER MAGNOLIA PARKWAY C	HAMBER OF	COMMERCE	
Amount (\$)	Payee address;	City;	State;	Zip Code
1,500.00 P	O BOX 399, MAGNOLIA, TX 77353			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	CHRISTMAS	PARADE	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	itin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	1	Office held
Date	Payee name			
06/28/2024 S	SOCIETY OF SAMARITANS			
Amount (\$)	Payee address;	City;	State;	Zip Code
80.00 $ ^{31}$	1355 FRIENDSHIP DR, MAGNOLIA	, TX 77355		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	OONATION MADE BY OH	AWARDS BAN	IQUET	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder fiving	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 Credit Card Payment

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
1 Date	5 Payee name		
02/21/2024	BRANDON STEINMANN		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
268.61	PO BOX 9357, THE WOODLANDS,	TX 77387	
}	(a) Category (See Categories listed at the top of this schedule)	(b) Description	· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	FUNDRAISEF	R DONATION
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/15/2024	JESSICA BECKETT C/O UNLEASH	ED ATHLETICS	3
Amount (\$)	Payee address;	City;	State; Zip Code
265.00	21221 ROBERTS CEMETERY RD, I	HOCKLEY, TX	77447
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	BASEBALL T	EAM DONATION
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	iin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
04/15/2024	JESSICA BECKETT C/O UNLEASH	ED ATHLETICS	3
Amount (\$)	Payee address;	City;	State; Zip Code
1,500.00	21221 ROBERTS CEMETERY RD, F	HOCKLEY, TX	77447
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	BASEBALL TE	EAM DONATION
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED
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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

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

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

	The Instruction Guide explains how to d	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date 04/22/2024	5 Payee name LUPE TORTILLA			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
921.88	22465 TOMBALL PKWY, HOUSTON	, TX 77070		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	EVENT EXPENSE	FOOD DEPOSIT FOR OFFICE CHRISTMAS PARTY		ICE
	(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/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	·	****	
05/15/2024	DAVID LEGE			
Amount (\$)	Payee address;	City;	State;	Zip Code
250.00	38923 FM 1774, MAGNOLIA, TX 773	355		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description BASEBALL TI	EAM DONAT	ION
	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
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zlp Code
PURPOSE OF EXPENDITURE	Category (See Categorles 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 ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				