


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <b>163</b>		
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI		
	<b>MR</b>	<b>CHRISTOPHER</b>	<b>M</b>		
	NICKNAME	LAST	SUFFIX		
		<b>JONES</b>			
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
	<b>PO BOX 52, MAGNOLIA, TX 77353</b>				
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	<b>(281 )</b>	<b>541-5391</b>			
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI		
	<b>MRS</b>	<b>MELISSA</b>	<b>R</b>		
	NICKNAME	LAST	SUFFIX		
		<b>JONES</b>			
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
	<b>22619 BANE BERRY RD, MAGNOLIA, TX 77355</b>				
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	<b>(281 )</b>	<b>989-5699</b>			
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff		
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit		
			<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
			<input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month	Day	Year		
	<b>1</b>	<b>1</b>	<b>24</b>		
	THROUGH		Month Day Year		
			<b>6 / 30 / 24</b>		
<b>11</b> ELECTION	ELECTION DATE			ELECTION TYPE	
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff
	<b>3</b>	<b>5</b>	<b>24</b>	<input type="checkbox"/> General	<input type="checkbox"/> Special
<b>12</b> OFFICE	OFFICE HELD (if any)			<b>13</b> OFFICE SOUGHT (if known)	
	<b>MONTGOMERY COUNTY PCT 5 CONSTABLE</b>				
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

OFFICE USE ONLY



RECEIVED

JUL 02 2024

163

Date Received

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> CONSTABLE CHRIS JONES		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. 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
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 3,706.32
	4. TOTAL POLITICAL EXPENDITURES	\$ 74,229.23
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 168,750.88
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath                      Printed name of officer administering oath                      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> <b>CONSTABLE CHRIS JONES</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 166,460.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 82,130.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 74,229.23
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>48</b>
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>LAURA VAIRIN</b> 6 Contributor address; City; State; Zip Code <b>26 TEA KETTLE, HITCHCOCK, TX 77503</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CLYDE &amp; DONNA HUNT</b> Contributor address; City; State; Zip Code <b>17803 ROLLING HILLS DR, MAGNOLIA, TX 77354</b>	Amount of contribution (\$) <b>215.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>RYAN GABLE</b> Contributor address; City; State; Zip Code <b>PO BOX 130966, SPRING, TX 77380</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CHUCK ADCOX</b> Contributor address; City; State; Zip Code <b>28111 INDIGO LAKE CT, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>B D GRIFFON</b> 6 Contributor address; City; State; Zip Code <b>140 WADE POINTE DR, MONTGOMERY, TX 77316</b>	7 Amount of contribution (\$)  <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>03/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JAY WRIGHT</b> Contributor address; City; State; Zip Code <b>793 ANGELINA CT, CONROE, TX 77302</b>	Amount of contribution (\$)  <b>150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>03/15/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JOHN MANCUSO</b> Contributor address; City; State; Zip Code <b>8223 CR 302, PLANTERSVILLE, TX 77363</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>03/15/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>STEVE ANDERSON</b> Contributor address; City; State; Zip Code <b>710 S FRAZIER, CONROE, TX 77301</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		
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4 Date <b>03/15/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>SCOTT RYAN</b> 6 Contributor address; City; State; Zip Code <b>29513 TANGLEWOOD, MAGNOLIA, TX 77354</b>	7 Amount of contribution (\$)  <b>250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/15/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>GARY JONES</b> Contributor address; City; State; Zip Code <b>6902 APACHE CREEK, MONTGOMERY, TX 77316</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/19/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>LEON TAAKE</b> Contributor address; City; State; Zip Code <b>1519 MERE DR, PINEHURST, TX 77362</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/19/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>ABRI SERVICE, LLC</b> Contributor address; City; State; Zip Code <b>PO BOX 120, PINEHURST, TX 77362</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <b>03/20/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>TOM &amp; LINDA GRAYSON</b> 6 Contributor address; City; State; Zip Code <b>32910 OAK CREEK DR, MAGNOLIA, TX 77354</b>	7 Amount of contribution (\$) <b>250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/20/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JOHN CHAMBERLAIN</b> Contributor address; City; State; Zip Code <b>28352 FOREST GREEN DR, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/25/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>MAGNOLIA'S BEST STORAGE, LLC</b> Contributor address; City; State; Zip Code <b>37805 FM 1774 RD, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/25/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>LARRY ROBINSON</b> Contributor address; City; State; Zip Code <b>38022 CLUBHOUSE LN, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <b>04/01/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>LINEBARGER, GOGGAN, BLAIR, &amp; SAMPSON, LLC</b> 6 Contributor address; City; State; Zip Code <b>PO BOX 17428, AUSTIN, TX 78760</b>	7 Amount of contribution (\$)  <b>250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/01/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>THE BLAIR LAW FIRM, PC</b> Contributor address; City; State; Zip Code <b>7 GROGANS PARK DR, THE WOODLANDS, TX 77380</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/01/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>STELLAR POOLS, LLC</b> Contributor address; City; State; Zip Code <b>30101 HAZY HOLLOW RD, MAGNOLIA, TX 77355</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/01/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BILLY MASDEN</b> Contributor address; City; State; Zip Code <b>25203 DEWDROP CT, MAGNOLIA, TX 77355</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <b>04/01/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>DAVID WACKERLY</b> 6 Contributor address; City; State; Zip Code <b>28753 LAKESIDE GREEN, MAGNOLIA, TX 77355</b>	7 Amount of contribution (\$) <b>250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/04/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>DOUG &amp; DIANE MENDEZ</b> Contributor address; City; State; Zip Code <b>27135 KETELBURG PARK RD, MAGNOLIA, TX 77354</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/04/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>WAYNE HAWKINS</b> Contributor address; City; State; Zip Code <b>28715 CHAMPIONS RIDGE RD, MAGNOLIA, TX 77354</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/04/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>LAKE CONROE AREA REPUBLICAN WOMEN</b> Contributor address; City; State; Zip Code <b>PO BOX 737, MONTGOMERY, TX 77356</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>LEANN OGLESBEE</b> 6 Contributor address; City; State; Zip Code <b>28212 TIMBER VILLAGE, MAGNOLIA, TX 77355</b>	7 Amount of contribution (\$)  <b>250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CHARLIE RILEY CAMPAIGN</b> Contributor address; City; State; Zip Code <b>PO BOX 1605, MAGNOLIA, TX 77353</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BRUCE &amp; LAURIE CLIFTON</b> Contributor address; City; State; Zip Code <b>28533 HIDDEN COVE, MAGNOLIA, TX 77355</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/15/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>RONNIE JONES</b> Contributor address; City; State; Zip Code <b>26256 EASY ST, MAGNOLIA, TX 77355</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <b>03/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>DAVID LEGE</b>	<b>500.00</b>
	6 Contributor address; City; State; Zip Code <b>38923 FM 1774, MAGNOLIA, TX 77355</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>03/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>DONNIE BUCKALEW</b>	Amount of contribution (\$) <b>500.00</b>
	Contributor address; City; State; Zip Code <b>PO BOX 500, CONROE, TX 77305</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>03/15/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>TRIPLE CROWN ENTERPRISES, LLC</b>	Amount of contribution (\$) <b>500.00</b>
	Contributor address; City; State; Zip Code <b>11424 SPRING CYPRESS RD, TOMBALL, TX 77377</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>03/19/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>MARK KLEIN</b>	Amount of contribution (\$) <b>500.00</b>
	Contributor address; City; State; Zip Code <b>16131 CHAMPION FOREST DR, KLEIN, TX 77379</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <b>03/19/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>CHOPIN &amp; JOAN KIANG</b> 6 Contributor address; City; State; Zip Code <b>11826 LIVE OAK DR, MAGNOLIA, TX 77354</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/25/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>J D COLMAN</b> Contributor address; City; State; Zip Code <b>20285 FORESTVIEW DR, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/25/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>COUNTY JUDGE MARK KEOUGH</b> Contributor address; City; State; Zip Code <b>26 WOODMERE PL, THE WOODLANDS, TX 77381</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/01/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>STEVE HOFFART</b> Contributor address; City; State; Zip Code <b>14208 MOONLIGHT TRAIL, CONROE, TX 77384</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/01/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>ANDREW PALERMO</b> 6 Contributor address; City; State; Zip Code <b>29543 SKY FOREST CIRCLE, MAGNOLIA, TX 77355</b>	7 Amount of contribution (\$)  <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/15/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>COOLEY CONSTRUCTION, LLC</b> Contributor address; City; State; Zip Code <b>15115 FM 1488, MAGNOLIA, TX 77354</b>	Amount of contribution (\$)  <b>1,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/20/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>DAVID WEBER</b> Contributor address; City; State; Zip Code <b>37723 PARKWAY OAKS LN, MAGNOLIA, TX 77355</b>	Amount of contribution (\$)  <b>1,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BRAD STAPP</b> Contributor address; City; State; Zip Code <b>8527 MAJESTIC LAKE, MONTGOMERY, TX 77315</b>	Amount of contribution (\$)  <b>1,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>48</b>
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>INTEGRITECH, LLC</b> 6 Contributor address; City; State; Zip Code <b>12107 CAROL LN, PINEHURST, TX 77362</b>	7 Amount of contribution (\$) <b>1,500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/08/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CONSTABLE ROWDY HAYDEN</b> Contributor address; City; State; Zip Code <b>PO BOX 529, SPLENDORA, TX 77372</b>	Amount of contribution (\$) <b>1,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/08/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>DAVID FREY</b> Contributor address; City; State; Zip Code <b>16134 PARISH HALL DR, SPRING, TX 77379</b>	Amount of contribution (\$) <b>1,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>05/15/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>PAUL WELCH</b> Contributor address; City; State; Zip Code <b>26386 JACKS BARN RD, MONTGOMERY, TX 77316</b>	Amount of contribution (\$) <b>1,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/15/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>SARA &amp; RANDALL ORTWEIN</b> 6 Contributor address; City; State; Zip Code <b>28222 CANYON VIEW, MAGNOLIA, TX 77355</b>	7 Amount of contribution (\$) <b>2,500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/25/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>KAYCE WRIGHT</b> Contributor address; City; State; Zip Code <b>19802 INDIGO LAKE DR, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>2,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/01/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CONSTABLE MARK HERMAN</b> Contributor address; City; State; Zip Code <b>18482 KUYKENDAHL RD, SPRING, TX 77379</b>	Amount of contribution (\$) <b>2,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>05/15/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>SPENCER GRAHAM</b> Contributor address; City; State; Zip Code <b>33920 OLD HEMPSTEAD RD, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>3,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/01/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>WILLIAM &amp; COLLEEN ELLISON</b> 6 Contributor address; City; State; Zip Code <b>2111 N FRAZIER ST, CONROE, TX 77301</b>	7 Amount of contribution (\$)  <b>5,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>04/08/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>WILLIAM BOZEMAN</b> Contributor address; City; State; Zip Code <b>31 LOS ENCINOS CT, MAGNOLIA, TX 77354</b>	Amount of contribution (\$)  <b>5,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>BEN HERMAN</b> 6 Contributor address; City; State; Zip Code <b>23557 HIGH MEADOW ESTATES DR, MONTGOMERY, TX 77316</b>	7 Amount of contribution (\$) <b>1,500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>ROBERT SELLS</b> Contributor address; City; State; Zip Code <b>215 GAILLARDIA CT, PINEHURST, TX 77362</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>DIANNA MORGAN</b> Contributor address; City; State; Zip Code <b>6907 CROCKETT CT, MONTGOMERY, TX 77316</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>RAYMOND JORDAN</b> Contributor address; City; State; Zip Code <b>24618 NOTTINGHAM CIRCLE, HOCKLEY, TX 77484</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>BRUCE SPRINGER</b> 6 Contributor address; City; State; Zip Code <b>19706 TIMBER RIDGE DR, MAGNOLIA, TX 77355</b>	7 Amount of contribution (\$) <b>250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>MEGAN WHITE</b> Contributor address; City; State; Zip Code <b>7422 PONDEROSA DR, MAGNOLIA, TX 77354</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>DOVE WIBLE</b> Contributor address; City; State; Zip Code <b>41526 S BRENDA LN, MAGNOLIA, TX 77354</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>TRACY SHILLOCK</b> Contributor address; City; State; Zip Code <b>16734 SCENIC GARDENS DR, SPRING, TX 77379</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: **48**

2 FILER NAME  
**CONSTABLE CHRIS JONES**

3 Filer ID (Ethics Commission Filers)

4 Date  
**04/11/2024**

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**B D GRIFFIN**

7 Amount of contribution (\$)

**250.00**

6 Contributor address; City; State; Zip Code  
**PO BOX 1361, CONROE, TX 77305**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**04/11/2024**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**KAREN LEMKER**

Amount of contribution (\$)

**250.00**

Contributor address; City; State; Zip Code  
**37012 RANCHO BAUER, MAGNOLIA, TX 77355**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**04/11/2024**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**MICHELLE LAYNE**

Amount of contribution (\$)

**250.00**

Contributor address; City; State; Zip Code  
**40519 MANOR DR, MAGNOLIA, TX 77354**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**04/11/2024**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**MARK SELLERS**

Amount of contribution (\$)

**250.00**

Contributor address; City; State; Zip Code  
**27041 CANYON RANCH CIRCLE, MAGNOLIA, TX 77355**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>BARBARA ALPHA</b> 6 Contributor address; City; State; Zip Code <b>20265 KAREN SWITCH, MAGNOLIA, TX 77354</b>	7 Amount of contribution (\$)  <b>250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>SIMON SIQUEIRA</b> Contributor address; City; State; Zip Code <b>26926 FM 2978, MAGNOLIA, TX 77354</b>	Amount of contribution (\$)  <b>3,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>ADRIAN BAKER</b> Contributor address; City; State; Zip Code <b>10911 CLUBHOUSE CIRCLE, MAGNOLIA, TX 77354</b>	Amount of contribution (\$)  <b>2,800.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CPM CONSTRUCTION, LLC</b> Contributor address; City; State; Zip Code <b>503 WHISPERING MEADOW, MAGNOLIA, TX 77355</b>	Amount of contribution (\$)  <b>3,100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>DONNA MEYER</b> 6 Contributor address; City; State; Zip Code <b>37323 MASTERS CIRCLE, MAGNOLIA, TX 77355</b>	7 Amount of contribution (\$) <b>1,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>DIANE EDELMAN</b> Contributor address; City; State; Zip Code <b>23712 BAYS CHAPEL, RICHARDS, TX 77873</b>	Amount of contribution (\$) <b>2,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CPM CONSTRUCTION, LLC</b> Contributor address; City; State; Zip Code <b>503 WHISPERING MEADOW, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>2,100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>TROY LOGAN</b> Contributor address; City; State; Zip Code <b>22650 BANE BERRY RD, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>2,300.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>JOSEPH PARKER</b> ..... 6 Contributor address; City; State; Zip Code <b>PO BOX 908, MAGNOLIA, TX 77353</b>	7 Amount of contribution (\$)  <b>1,400.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>TODD GRESAK</b> ..... Contributor address; City; State; Zip Code <b>11058 CRAWFORD CIRCLE, MONTGOMERY, TX 77316</b>	Amount of contribution (\$)  <b>1,400.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JINNY MATA</b> ..... Contributor address; City; State; Zip Code <b>3035 COROLLA RD, MAGNOLIA, TX 77354</b>	Amount of contribution (\$)  <b>1,800.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JOSEPH PARKER</b> ..... Contributor address; City; State; Zip Code <b>PO BOX 908, MAGNOLIA, TX 77353</b>	Amount of contribution (\$)  <b>3,600.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>CASEY ESTES</b> 6 Contributor address; City; State; Zip Code <b>27015 SPRINGWOOD, MAGNOLIA, TX 77354</b>	7 Amount of contribution (\$) <b>2,600.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JOSEPH PARKER</b> Contributor address; City; State; Zip Code <b>PO BOX 908, MAGNOLIA, TX 77353</b>	Amount of contribution (\$) <b>1,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CASEY ESTES</b> Contributor address; City; State; Zip Code <b>27015 SPRINGWOOD, MAGNOLIA, TX 77354</b>	Amount of contribution (\$) <b>2,100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JOSEPH PARKER</b> Contributor address; City; State; Zip Code <b>PO BOX 908, MAGNOLIA, TX 77353</b>	Amount of contribution (\$) <b>6,100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>MICHAEL GOFORTH</b> 6 Contributor address; City; State; Zip Code <b>7206 NICKABURR CREEK, MAGNOLIA, TX 77354</b>	7 Amount of contribution (\$) <b>2,500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JEFF GOEBEL</b> Contributor address; City; State; Zip Code <b>32002 PATTY'S LANDING, MAGNOLIA, TX 77354</b>	Amount of contribution (\$) <b>3,100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CLIQLY.COM, LLC</b> Contributor address; City; State; Zip Code <b>5 HUNTINGTON WOODS DR, TOMBALL, TX 77375</b>	Amount of contribution (\$) <b>3,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BRAD STAPP</b> Contributor address; City; State; Zip Code <b>8527 MAJESTIC LAKE CT, MONTGOMERY, TX 77316</b>	Amount of contribution (\$) <b>7,200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>JEFF LAUDERDALE</b> 6 Contributor address; City; State; Zip Code <b>29032 CHAMPIONS DR, MAGNOLIA, TX 77355</b>	7 Amount of contribution (\$) <b>2,500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>ROBBY SELLS</b> Contributor address; City; State; Zip Code <b>215 GAILLARDIN, PINEHURST, TX 77362</b>	Amount of contribution (\$) <b>6,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BILL ELLISON</b> Contributor address; City; State; Zip Code <b>2111 N FRAZIER, CONROE, TX 77301</b>	Amount of contribution (\$) <b>8,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BILL ELLISON</b> Contributor address; City; State; Zip Code <b>2111 N FRAZIER, CONROE, TX 77301</b>	Amount of contribution (\$) <b>13,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>SHANE STUCKEY</b> 6 Contributor address; City; State; Zip Code <b>23214 MAGNOLIA HILLS DR, MAGNOLIA, TX 77354</b>	7 Amount of contribution (\$)  <b>1,500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>SHANE STUCKEY</b> Contributor address; City; State; Zip Code <b>23214 MAGNOLIA HILLS DR, MAGNOLIA, TX 77354</b>	Amount of contribution (\$)  <b>3,100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CLIQLY.COM, LLC</b> Contributor address; City; State; Zip Code <b>5 HUNTINGTON WOODS DR, TOMBALL, TX 77375</b>	Amount of contribution (\$)  <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CLIQLY.COM, LLC</b> Contributor address; City; State; Zip Code <b>5 HUNTINGTON WOODS DR, TOMBALL, TX 77375</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>48</b>
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>CPM CONSTRUCTION, LLC</b> 6 Contributor address; City; State; Zip Code <b>503 WHISPERING MEADOW, MAGNOLIA, TX 77355</b>	7 Amount of contribution (\$)  <b>150.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CPM CONSTRUCTION, LLC</b> Contributor address; City; State; Zip Code <b>503 WHISPERING MEADOW, MAGNOLIA, TX 77355</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CLIQLY.COM, LLC</b> Contributor address; City; State; Zip Code <b>5 HUNTINGTON WOODS DR, TOMBALL, TX 77375</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CLIQLY.COM, LLC</b> Contributor address; City; State; Zip Code <b>5 HUNTINGTON WOODS DR, TOMBALL, TX 77375</b>	Amount of contribution (\$)  <b>1,200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		
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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>CPM CONSTRUCTION, LLC</b> 6 Contributor address; City; State; Zip Code <b>503 WHISPERING MEADOW, MAGNOLIA, TX 77355</b>	7 Amount of contribution (\$)  <b>400.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>STEVE ALLISON</b> Contributor address; City; State; Zip Code <b>25235 HARDIN STORE RD, MAGNOLIA, TX 77354</b>	Amount of contribution (\$)  <b>150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>TRACY ANDERSON</b> Contributor address; City; State; Zip Code <b>103 RAIN LILY ST, MAGNOLIA, TX 77355</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BRANDON BAACK</b> Contributor address; City; State; Zip Code <b>7402 OAK BLUFF, MAGNOLIA, TX 77354</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>BRANDON BAACK</b>	<b>300.00</b>
	6 Contributor address; City; State; Zip Code <b>7402 OAK BLUFF, MAGNOLIA, TX 77354</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BRANDON BAACK</b>	Amount of contribution (\$) <b>90.00</b>
	Contributor address; City; State; Zip Code <b>7402 OAK BLUFF, MAGNOLIA, TX 77354</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>ERICK BERNARD</b>	Amount of contribution (\$) <b>150.00</b>
	Contributor address; City; State; Zip Code <b>22419 MEADOWSWEET DR, MAGNOLIA, TX 77355</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>ERICK BERNARD</b>	Amount of contribution (\$) <b>200.00</b>
	Contributor address; City; State; Zip Code <b>22419 MEADOWSWEET DR, MAGNOLIA, TX 77355</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>RUSSELL BIRD</b> 6 Contributor address; City; State; Zip Code <b>171 TOWN PARKS DR, CONROE, TX 77304</b>	7 Amount of contribution (\$) <b>430.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>LISA BODWAY</b> Contributor address; City; State; Zip Code <b>26911 SPOTTED PONY CT, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>LISA BODWAY</b> Contributor address; City; State; Zip Code <b>26911 SPOTTED PONY CT, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BOBBIE BRADIE</b> Contributor address; City; State; Zip Code <b>7011 EVERGREEN ST, MAGNOLIA, TX 77354</b>	Amount of contribution (\$) <b>40.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>BOBBIE BRADIE</b> 6 Contributor address; City; State; Zip Code <b>7011 EVERGREEN ST, MAGNOLIA, TX 77355</b>	7 Amount of contribution (\$) <b>55.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BOBBIE BRADIE</b> Contributor address; City; State; Zip Code <b>7011 EVERGREEN ST, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>60.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>MICHELL BRADIE</b> Contributor address; City; State; Zip Code <b>7011 EVERGREEN ST, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>65.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BOBBIE BRADIE</b> Contributor address; City; State; Zip Code <b>7011 EVERGREEN ST, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>80.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>SEAN BRYANT</b> 6 Contributor address; City; State; Zip Code <b>2403 CANTER LN, CONROE, TX 77384</b>	7 Amount of contribution (\$)  <b>600.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>NATALIE BURDITT</b> Contributor address; City; State; Zip Code <b>31814 DEBBI LN, MAGNOLIA, TX 77355</b>	Amount of contribution (\$)  <b>40.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>NATALIE BURDITT</b> Contributor address; City; State; Zip Code <b>31814 DEBBI LN, MAGNOLIA, TX 77355</b>	Amount of contribution (\$)  <b>300.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BARRY &amp; ROBIN CARTER</b> Contributor address; City; State; Zip Code <b>19102 INDIGO LAKE DR, MAGNOLIA, TX 77355</b>	Amount of contribution (\$)  <b>75.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>BARRY &amp; ROBIN CARTER</b> 6 Contributor address; City; State; Zip Code <b>19102 INDIGO LAKE DR, MAGNOLIA, TX 77355</b>	7 Amount of contribution (\$) <b>275.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>TIFFANY CHOLEWIN</b> Contributor address; City; State; Zip Code <b>28613 CHAMPIONS DR, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BRYAN CHRIST</b> Contributor address; City; State; Zip Code <b>29567 TUDOR WAY, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>KRISTIN CHRIST</b> Contributor address; City; State; Zip Code <b>29567 TUDOR WAY, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>JEREMY CHRIST</b> 6 Contributor address; City; State; Zip Code <b>29567 TUDOR WAY, MAGNOLIA, TX 77355</b>	7 Amount of contribution (\$) <b>30.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>KRISTIN CHRIST</b> Contributor address; City; State; Zip Code <b>29567 TUDOR WAY, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>75.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>COLLEEN ELLISON</b> Contributor address; City; State; Zip Code <b>2161 SUMMIT MIST DR, CONROE, TX 77304</b>	Amount of contribution (\$) <b>40.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>COLLEEN ELLISON</b> Contributor address; City; State; Zip Code <b>2161 SUMMIT MIST DR, CONROE, TX 77304</b>	Amount of contribution (\$) <b>40.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>JOEL ENGLISH</b> 6 Contributor address; City; State; Zip Code <b>11007 NORTHPONTE BLVD STE E, TOMBALL, TX 77375</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JOEL ENGLISH</b> Contributor address; City; State; Zip Code <b>11007 NORTHPOINTE BLVD STE E, TOMBALL, TX 77375</b>	Amount of contribution (\$) <b>300.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JOEL ENGLISH</b> Contributor address; City; State; Zip Code <b>11007 NORTHPOINTE BLVD STE E, TOMBALL, TX 77375</b>	Amount of contribution (\$) <b>400.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CASEY ESTES</b> Contributor address; City; State; Zip Code <b>27015 SPRINGWOOD, MAGNOLIA, TX 77354</b>	Amount of contribution (\$) <b>40.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>CASEY ESTES</b> 6 Contributor address; City; State; Zip Code <b>27015 SPRINGWOOD, MAGNOLIA, TX 77354</b>	7 Amount of contribution (\$)  <b>55.00</b>

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CASEY ESTES</b> Contributor address; City; State; Zip Code <b>27015 SPRINGWOOD, MAGNOLIA, TX 77354</b>	Amount of contribution (\$)  <b>250.00</b>
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CASEY ESTES</b> Contributor address; City; State; Zip Code <b>27015 SPRINGWOOD, MAGNOLIA, TX 77354</b>	Amount of contribution (\$)  <b>300.00</b>
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CASEY ESTES</b> Contributor address; City; State; Zip Code <b>27015 SPRINGWOOD, MAGNOLIA, TX 77354</b>	Amount of contribution (\$)  <b>2,300.00</b>
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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1 Total pages Schedule A1: **48**

2 FILER NAME  
**CONSTABLE CHRIS JONES**

3 Filer ID (Ethics Commission Filers)

4 Date  
**04/11/2024**

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**DONNA GATEWOOD**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**28223 MEADOW FALLS, MAGNOLIA, TX 77355**

**2,700.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**04/11/2024**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**MICHAEL GOFORTH**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**7206 NICKABURR CREEK, MAGNOLIA, TX 77354**

**45.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**04/11/2024**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**MICHAEL GOFORTH**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**7206 NICKABURR CREEK, MAGNOLIA, TX 77354**

**125.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**04/11/2024**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**RICK GARLOCK**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**40713 LOST SAN SABA LN, MONTGOMERY, TX 77316**

**150.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>EVA GORDON</b>	7 Amount of contribution (\$)  <b>65.00</b>
	6 Contributor address; City; State; Zip Code <b>PO BOX 1461, MAGNOLIA, TX 77353</b>	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>EVA GORDON</b>	Amount of contribution (\$)  <b>180.00</b>
	Contributor address; City; State; Zip Code <b>PO BOX 1461, MAGNOLIA, TX 77353</b>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>EVA GORDON</b>	Amount of contribution (\$)  <b>1,350.00</b>
	Contributor address; City; State; Zip Code <b>PO BOX 1461, MAGNOLIA, TX 77353</b>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CHRISTY GRATE</b>	Amount of contribution (\$)  <b>20.00</b>
	Contributor address; City; State; Zip Code <b>32590 REIDS PRAIRIE RD, WALLER, TX 77484</b>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>CHRISTY GRATE</b> 6 Contributor address; City; State; Zip Code <b>32590 REIDS PRAIRIE RD, WALLER, TX 77484</b>	7 Amount of contribution (\$) <b>65.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CHRISTY GRATE</b> Contributor address; City; State; Zip Code <b>32590 REIDS PRAIRIE RD, WALLER, TX 77484</b>	Amount of contribution (\$) <b>85.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CINDY HENDRIX</b> Contributor address; City; State; Zip Code <b>PO BOX 120, PINEHURST, TX 77362</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JASON HERMANN</b> Contributor address; City; State; Zip Code <b>33505 COMANCHE TRAIL, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>130.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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1 Total pages Schedule A1: **48**

2 FILER NAME

**CONSTABLE CHRIS JONES**

3 Filer ID (Ethics Commission Filers)

4 Date

04/11/2024

5 Full name of contributor

**JASON HERMANN**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**575.00**

6 Contributor address; City; State; Zip Code

**33505 COMANCHE TRAIL, MAGNOLIA, TX 77355**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/11/2024

Full name of contributor

**CHRISTIAN HERNANDEZ**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**130.00**

Contributor address; City; State; Zip Code

**218 HALL DR S, MONTGOMERY, TX 77316**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/11/2024

Full name of contributor

**CHRISTIAN HERNANDEZ**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**205.00**

Contributor address; City; State; Zip Code

**218 HALL DR S, MONTGOMERY, TX 77316**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/11/2024

Full name of contributor

**BRIAN HYBNER**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**30.00**

Contributor address; City; State; Zip Code

**6217 MEDLEY RD, NEW WAVERLY, TX 77358**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 48
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2024	5 Full name of contributor out-of-state PAC (ID#: _____) <b>BRIAN HYBNER</b> 6 Contributor address; City; State; Zip Code <b>6217 MEDLEY RD, NEW WAVERLY, TX 77358</b>	7 Amount of contribution (\$) <b>210.00</b>

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 04/11/2024	Full name of contributor out-of-state PAC (ID#: _____) <b>MIKE KASSOUFF</b> Contributor address; City; State; Zip Code <b>6533 W SAM HOUSTON PKWY, HOUSTON, TX 77041</b>	Amount of contribution (\$) <b>20.00</b>
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 04/11/2024	Full name of contributor out-of-state PAC (ID#: _____) <b>MIKE KASSOUFF</b> Contributor address; City; State; Zip Code <b>6533 W SAM HOUSTON PKWY, HOUSTON, TX 77041</b>	Amount of contribution (\$) <b>50.00</b>
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 04/11/2024	Full name of contributor out-of-state PAC (ID#: _____) <b>MIKE KASSOUFF</b> Contributor address; City; State; Zip Code <b>6533 W SAM HOUSTON PKWY, HOUSTON, TX 77041</b>	Amount of contribution (\$) <b>50.00</b>
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>48</b>
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>MIKE KASSOUFF</b>	<b>85.00</b>
	6 Contributor address; City; State; Zip Code <b>6533 W SAM HOUSTON PKWY, HOUSTON, TX 77041</b>	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>MIKE KASSOUFF</b>	Amount of contribution (\$) <b>120.00</b>
	Contributor address; City; State; Zip Code <b>6533 W SAM HOUSTON PKWY, HOUSTON, TX 77041</b>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>MIKE KASSOUFF</b>	Amount of contribution (\$) <b>420.00</b>
	Contributor address; City; State; Zip Code <b>6533 W SAM HOUSTON PKWY, HOUSTON, TX 77041</b>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JEFF LAUDERDALE</b>	Amount of contribution (\$) <b>120.00</b>
	Contributor address; City; State; Zip Code <b>29032 CHAMPION DR, MAGNOLIA, TX 77355</b>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>48</b>
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>JEFF LAUDERDALE</b> 6 Contributor address; City; State; Zip Code <b>29032 CHAMPION DR, MAGNOLIA, TX 77355</b>	7 Amount of contribution (\$) <b>300.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JEFF LAUDERDALE</b> Contributor address; City; State; Zip Code <b>29032 CHAMPION DR, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BRANDON MERCANTEL</b> Contributor address; City; State; Zip Code <b>26128 ENZOS WAY, MONTGOMERY, TX 77316</b>	Amount of contribution (\$) <b>400.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BRANDON MERCANTEL</b> Contributor address; City; State; Zip Code <b>26128 ENZOS WAY, MONTGOMERY, TX 77316</b>	Amount of contribution (\$) <b>550.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>48</b>
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>CATHLEEN SEACREST</b> 6 Contributor address; City; State; Zip Code <b>22723 BANE BERRY RD, MAGNOLIA, TX 77355</b>	7 Amount of contribution (\$)  <b>25.00</b>

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CATHLEEN SEACREST</b> Contributor address; City; State; Zip Code <b>22723 BANE BERRY RD, MAGNOLIA, TX 77355</b>	Amount of contribution (\$)  <b>50.00</b>
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CATHLEEN SEACREST</b> Contributor address; City; State; Zip Code <b>22723 BANE BERRY RD, MAGNOLIA, TX 77355</b>	Amount of contribution (\$)  <b>75.00</b>
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CATHLEEN SEACREST</b> Contributor address; City; State; Zip Code <b>22723 BANE BERRY RD, MAGNOLIA, TX 77355</b>	Amount of contribution (\$)  <b>115.00</b>
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>48</b>
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>HOLLY PALERMO</b> 6 Contributor address; City; State; Zip Code <b>29543 SKY FOREST CIR, MAGNOLIA, TX 77355</b>	7 Amount of contribution (\$) <b>25.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>HOLLY PALERMO</b> Contributor address; City; State; Zip Code <b>29543 SKY FOREST CIR, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>30.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>HOLLY PALERMO</b> Contributor address; City; State; Zip Code <b>29543 SKY FOREST CIR, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>35.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>HOLLY PALERMO</b> Contributor address; City; State; Zip Code <b>29543 SKY FOREST CIR, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>48</b>
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>JOSEPH PARKER</b> 6 Contributor address; City; State; Zip Code <b>PO BOX 908, MAGNOLIA, TX 77353</b>	7 Amount of contribution (\$)  <b>45.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JOSEPH PARKER</b> Contributor address; City; State; Zip Code <b>PO BOX 908, MAGNOLIA, TX 77353</b>	Amount of contribution (\$)  <b>80.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>TERRY PORTER</b> Contributor address; City; State; Zip Code <b>25434 HARDIN STORE RD, MAGNOLIA, TX 77354</b>	Amount of contribution (\$)  <b>175.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>DAVID SCHANBACHLER</b> Contributor address; City; State; Zip Code <b>6803 SIERRA CT, MONTGOMERY, TX 77316</b>	Amount of contribution (\$)  <b>85.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>48</b>
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>DAVID SCHANBACHLER</b> 6 Contributor address; City; State; Zip Code <b>6803 SIERRA CT, MONTGOMERY, TX 77316</b>	7 Amount of contribution (\$) <b>200.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>DAVID SCHANBACHLER</b> Contributor address; City; State; Zip Code <b>6803 SIERRA CT, MONTGOMERY, TX 77316</b>	Amount of contribution (\$) <b>555.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>DAVID SCHANBACHLER</b> Contributor address; City; State; Zip Code <b>6803 SIERRA CT, MONTGOMERY, TX 77316</b>	Amount of contribution (\$) <b>700.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>MARK SELLERS</b> Contributor address; City; State; Zip Code <b>27041 CANYON RANCH CIR, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>125.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>48</b>
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>LINDA STUCKEY</b> 6 Contributor address; City; State; Zip Code <b>30310 CHARLIE LN, MAGNOLIA, TX 77355</b>	7 Amount of contribution (\$) <b>25.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>LINDA STUCKEY</b> Contributor address; City; State; Zip Code <b>30310 CHARLIE LN, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>KEN WALLING</b> Contributor address; City; State; Zip Code <b>25011 SILVER LEAF, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>75.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>KEN WALLING</b> Contributor address; City; State; Zip Code <b>25011 SILVER LEAF, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>48</b>
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>KEN WALLING</b> 6 Contributor address; City; State; Zip Code <b>25011 SILVER LEAF, MAGNOLIA, TX 77355</b>	7 Amount of contribution (\$) <b>450.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>LAURA WATSON</b> Contributor address; City; State; Zip Code <b>10 WELSLEY CT, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>MIKE WINKLER</b> Contributor address; City; State; Zip Code <b>19702 INDIGO LAKE DR, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>120.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>MIKE WINKLER</b> Contributor address; City; State; Zip Code <b>19702 INDIGO LAKE DR, MAGNOLIA, TX 77355</b>	Amount of contribution (\$) <b>1,350.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>48</b>
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>KRISTY &amp; JAMES WISCHNEWSKY</b> 6 Contributor address; City; State; Zip Code <b>19431 LOAFERS LN, MAGNOLIA, TX 77355</b>	7 Amount of contribution (\$)  <b>150.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>AMBER WOOTTON</b> Contributor address; City; State; Zip Code <b>28332 TIMBER VILLAGE, MAGNOLIA, TX 77355</b>	Amount of contribution (\$)  <b>30.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>AMBER WOOTTON</b> Contributor address; City; State; Zip Code <b>28332 TIMBER VILLAGE, MAGNOLIA, TX 77355</b>	Amount of contribution (\$)  <b>450.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>AMBER WOOTTON</b> Contributor address; City; State; Zip Code <b>28332 TIMBER VILLAGE, MAGNOLIA, TX 77355</b>	Amount of contribution (\$)  <b>1,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>48</b>
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>ALAN WRIGHT</b> ..... 6 Contributor address; City; State; Zip Code <b>19802 INDIGO LAKE DR, MAGNOLIA, TX 77355</b>	7 Amount of contribution (\$)  <b>600.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>KENNY ZIENTEK</b> ..... Contributor address; City; State; Zip Code <b>25587 MAGNOLIA PINES, MAGNOLIA, TX 77355</b>	Amount of contribution (\$)  <b>80.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>SIMON SIQUEIRA</b> ..... Contributor address; City; State; Zip Code <b>26926 FM 2978, MAGNOLIA, TX 77354</b>	Amount of contribution (\$)  <b>550.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>MIKE BESEKAR</b> ..... Contributor address; City; State; Zip Code <b>8313 COLT LN, WALLER, TX 77484</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>68</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date 04/11/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BOBBY HARTMAN</b>	8 Amount of Contribution \$ <b>100.00</b>	9 In-kind contribution description <b>WHISKEY GLASS &amp; DECANTER BASKET</b>
7 Contributor address; City; State; Zip Code <b>12107 CAROL LN, PINEHURST, TX 77362</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BRANDIE LOPEZ</b>	Amount of Contribution \$ <b>300.00</b>	In-kind contribution description <b>CANVAS ART</b>
Contributor address; City; State; Zip Code <b>19380 TX 105 # 507, MONTGOMERY, TX 77356</b>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>68</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DA BRETT LIGON</b>	8 Amount of Contribution \$ <b>180.00</b>	9 In-kind contribution description <b>CHIMINEA</b>
7 Contributor address; City; State; Zip Code <b>PO BOX 805, MONTGOMERY, TX 77356</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BRYANT POLLARD</b>	Amount of Contribution \$ <b>30.00</b>	In-kind contribution description <b>PEANUT BRITTLE</b>
Contributor address; City; State; Zip Code <b>31330 SUGAR BEND DR, MAGNOLIA, TX 77355</b>		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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>68</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BRYANT POLLARD</b>	8 Amount of Contribution \$ <b>35.00</b>	9 In-kind contribution description <b>HOMEMADE PIE</b>
7 Contributor address; City; State; Zip Code <b>31330 SUGAR BEND DR, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BRYANT POLLARD</b>	Amount of Contribution \$ <b>40.00</b>	In-kind contribution description <b>HOMEMADE PIE</b>
Contributor address; City; State; Zip Code <b>31330 SUGAR BEND DR, MAGNOLIA, TX 77355</b>		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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>68</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <del>0</del>	
5 Date 04/11/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>COMMISSIONER CHARLIE RILEY</b>	8 Amount of Contribution \$ <b>50.00</b>	9 In-kind contribution description <b>SWEET SUMMER DRINK SET</b>
7 Contributor address; City; State; Zip Code <b>31803 COTTONWOOD LN, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>COMMISSIONER CHARLIE RILEY</b>	Amount of Contribution \$ <b>45.00</b>	In-kind contribution description <b>GARDEN FLOWERS</b>
Contributor address; City; State; Zip Code <b>31803 COTTONWOOD LN, MAGNOLIA, TX 77355</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>68</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>COMMISSIONER CHARLIE RILEY</b>	8 Amount of Contribution \$ <b>175.00</b>	9 In-kind contribution description <b>BACK THE BLUE WREATH</b>
7 Contributor address; City; State; Zip Code <b>31803 COTTONWOOD LN, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>COMMISSIONER CHARLIE RILEY</b>	Amount of Contribution \$ <b>60.00</b>	In-kind contribution description <b>CORDLESS DRILL</b>
Contributor address; City; State; Zip Code <b>31803 COTTONWOOD LN, MAGNOLIA, TX 77355</b>		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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BUDDY ADAMS</b>	8 Amount of Contribution \$ <b>500.00</b>	9 In-kind contribution description <b>BBQ CATERING FOR 20 PEOPLE</b>
7 Contributor address; City; State; Zip Code <b>41902 FM 1774, MAGNOLIA, TX 77354</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>COMMISSIONER CHARLIE RILEY</b>	Amount of Contribution \$ <b>55.00</b>	In-kind contribution description <b>GNOME DOORMAT</b>
Contributor address; City; State; Zip Code <b>31803 COTTONWOOD LN, MAGNOLIA, TX 77355</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <del>0</del>	
5 Date 04/11/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>COMMISSIONER CHARLIE RILEY</b>	8 Amount of Contribution \$ <b>60.00</b>	9 In-kind contribution description <b>CORDLESS CAR JUMP STARTER</b>
7 Contributor address; City; State; Zip Code <b>31803 COTTONWOOD LN, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>COMMISSIONER CHARLIE RILEY</b>	Amount of Contribution \$ <b>150.00</b>	In-kind contribution description <b>12 PIECE KNIFE SET</b>
Contributor address; City; State; Zip Code <b>31803 COTTONWOOD LN, MAGNOLIA, TX 77355</b>		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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**NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**

**SCHEDULE A2**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>68</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>COMMISSIONER ROBERT WALKER</b>	8 Amount of Contribution \$ <b>25.00</b>	9 In-kind contribution description <b>WALL ART</b>
7 Contributor address; City; State; Zip Code <b>13585 WALKER RD, WILLIS, TX 77378</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>COMMISSIONER ROBERT WALKER</b>	Amount of Contribution \$ <b>100.00</b>	In-kind contribution description <b>MARGARITA BASKET</b>
Contributor address; City; State; Zip Code <b>13585 WALKER RD, WILLIS, TX 77378</b>		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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>COMMISSIONER ROBERT WALKER</b>	8 Amount of Contribution \$ <b>125.00</b>	9 In-kind contribution description <b>PATIO TABLE &amp; CHAIRS</b>
7 Contributor address; City; State; Zip Code <b>13585 WALKER RD, WILLIS, TX 77378</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>COMMISSIONER ROBERT WALKER</b>	Amount of Contribution \$ <b>150.00</b>	In-kind contribution description <b>WALL ART</b>
Contributor address; City; State; Zip Code <b>13585 WALKER RD, WILLIS, TX 77378</b>		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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>COMMISSIONER ROBERT WALKER</b>	8 Amount of Contribution \$ <b>30.00</b>	9 In-kind contribution description <b>BRAVOKIDS LCD WRITING TABLET</b>
7 Contributor address; City; State; Zip Code <b>13585 WALKER RD, WILLIS, TX 77378</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>COMMISSIONER ROBERT WALKER</b>	Amount of Contribution \$ <b>45.00</b>	In-kind contribution description <b>BRAVOKIDS LCD WRITING TABLET</b>
Contributor address; City; State; Zip Code <b>13585 WALKER RD, WILLIS, TX 77378</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>COMMISSIONER ROBERT WALKER</b>	8 Amount of Contribution \$ <b>55.00</b>	9 In-kind contribution description <b>RECHARGEABLE FLASHLIGHT</b>
7 Contributor address; City; State; Zip Code <b>13585 WALKER RD, WILLIS, TX 77378</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>COMMISSIONER ROBERT WALKER</b>	Amount of Contribution \$ <b>65.00</b>	In-kind contribution description <b>FIRST AID KIT</b>
Contributor address; City; State; Zip Code <b>13585 WALKER RD, WILLIS, TX 77378</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <del>0</del>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>COMMISSIONER ROBERT WALKER</b>	8 Amount of Contribution \$ <b>75.00</b>	9 In-kind contribution description <b>GARDEN CLIPPERS</b>
7 Contributor address; City; State; Zip Code <b>13585 WALKER RD, WILLIS, TX 77378</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>COMMISSIONER ROBERT WALKER</b>	Amount of Contribution \$ <b>75.00</b>	In-kind contribution description <b>SOLAR YARD PUP</b>
Contributor address; City; State; Zip Code <b>13585 WALKER RD, WILLIS, TX 77378</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>  0  </u>	
5 Date  04/11/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>COMMISSIONER ROBERT WALKER</b> ..... 7 Contributor address; City; State; Zip Code <b>13585 WALKER RD, WILLIS, TX 77378</b>	8 Amount of Contribution \$  50.00	9 In-kind contribution description  <b>GARDEN SPRAYER</b>  <small>Check if travel outside of Texas. Complete Schedule T.</small>
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  04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CRISSI GRIMM</b> ..... Contributor address; City; State; Zip Code <b>31833 WALNUT CREEK RD, MAGNOLIA, TX 77355</b>	Amount of Contribution \$  40.00	In-kind contribution description  <b>JEWELRY HANGER</b>  <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>68</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date 04/11/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CRISSI GRIMM</b>	8 Amount of Contribution \$ <b>50.00</b>	9 In-kind contribution description <b>CHARCUTERIE BOARD</b>
7 Contributor address; City; State; Zip Code <b>31833 WALNUT CREEK RD, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CRISSI GRIMM</b>	Amount of Contribution \$ <b>70.00</b>	In-kind contribution description <b>WALL ART</b>
Contributor address; City; State; Zip Code <b>31833 WALNUT CREEK RD, MAGNOLIA, TX 77355</b>		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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>68</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date 04/11/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CRISSI GRIMM</b>	8 Amount of Contribution \$ 20.00	9 In-kind contribution description <b>EARRINGS AND NECKLACE SET</b>
7 Contributor address; City; State; Zip Code 31833 WALNUT CREEK RD, MAGNOLIA, TX 77355		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CTC GUNWORKS, LLC</b>	Amount of Contribution \$ 150.00	In-kind contribution description <b>RED DOT SIGHT</b>
Contributor address; City; State; Zip Code 3200 NORTH FREEWAY, HOUSTON, TX 77009		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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>68</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DALE &amp; BECKY BIBLE</b>	8 Amount of Contribution \$ <b>80.00</b>	9 In-kind contribution description <b>SNACK BASKET</b>
7 Contributor address; City; State; Zip Code <b>30806 GREEN FOREST DR, MAGNOLIA, TX 77354</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CTC GUNWORKS, LLC</b>	Amount of Contribution \$ <b>205.00</b>	In-kind contribution description <b>BRAVO 2 BATTLE SIGHT</b>
Contributor address; City; State; Zip Code <b>3200 NORTH FREEWAY, HOUSTON, TX 77009</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>68</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DALE &amp; BECKY BIBLE</b>	8 Amount of Contribution \$ <b>85.00</b>	9 In-kind contribution description <b>SNACK BASKET</b>
7 Contributor address; City; State; Zip Code <b>30806 GREEN FOREST DR, MAGNOLIA, TX 77354</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DALE &amp; BECKY BIBLE</b>	Amount of Contribution \$ <b>130.00</b>	In-kind contribution description <b>DOG TREAT BASKET</b>
Contributor address; City; State; Zip Code <b>30806 GREEN FOREST DR, MAGNOLIA, TX</b>		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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>108</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DALE &amp; BECKY BIBLE</b>	8 Amount of Contribution \$ <b>85.00</b>	9 In-kind contribution description <b>SNACK BASKET</b>
7 Contributor address; City; State; Zip Code <b>30806 GREEN FOREST DR, MAGNOLIA, TX 77354</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DALE &amp; BECKY BIBLE</b>	Amount of Contribution \$ <b>250.00</b>	In-kind contribution description <b>DOG TREAT BASKET</b>
Contributor address; City; State; Zip Code <b>30806 GREEN FOREST DR, MAGNOLIA, TX</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DARLA CLAPP</b>	8 Amount of Contribution \$ <b>150.00</b>	9 In-kind contribution description <b>TEETH WHITENING KIT</b>
7 Contributor address; City; State; Zip Code <b>18252 FM 1488, MAGNOLIA, TX 77354</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DONNA MEYER</b>	Amount of Contribution \$ <b>210.00</b>	In-kind contribution description <b>MIRROR</b>
Contributor address; City; State; Zip Code <b>37323 MASTERS CIRCLE, MAGNOLIA, TX 77355</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>68</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <del>0</del>	
5 Date 04/11/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GORDON WELCH</b>	8 Amount of Contribution \$ 700.00	9 In-kind contribution description <b>GLOCK 43 PISTOL</b>
7 Contributor address; City; State; Zip Code <b>24191 WEEREN RD, MONTGOMERY, TX 77316</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GORDON WELCH</b>	Amount of Contribution \$ 1,000.00	In-kind contribution description <b>DERRINGER 9MM PISTOL</b>
Contributor address; City; State; Zip Code <b>24191 WEEREN RD, MONTGOMERY, TX 77316</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>Ø</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HUNTER LAUDERDALE</b>	8 Amount of Contribution \$ <b>1,350.00</b>	9 In-kind contribution description <b>SIDE CHICK BASKET</b>
7 Contributor address; City; State; Zip Code <b>29032 CHAMPIONS DR, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JACKIE SMITH</b>	Amount of Contribution \$ <b>420.00</b>	In-kind contribution description <b>ROUND OF GOLF FOR 4</b>
Contributor address; City; State; Zip Code <b>37300 GOLF CLUB TRAIL, MAGNOLIA, TX 77355</b>		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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date 04/11/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JANICE THIGPEN</b>	8 Amount of Contribution \$ <b>130.00</b>	9 In-kind contribution description <b>CHARCUTERIE BOARD BASKET</b>
7 Contributor address; City; State; Zip Code <b>12119 E BORDER OAK DR, MAGNOLIA, TX 77354</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JEFF CUNNINGHAM</b>	Amount of Contribution \$ <b>550.00</b>	In-kind contribution description <b>WINE BARREL YETI COOLER</b>
Contributor address; City; State; Zip Code <b>1935 CATTLE DR, MAGNOLIA, TX 77354</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GABE MATA</b>	8 Amount of Contribution \$ <b>150.00</b>	9 In-kind contribution description <b>3 TON JACK</b>
7 Contributor address; City; State; Zip Code <b>3035 COROLLA RD, MAGNOLIA, TX 77354</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JEFF YUNA</b>	Amount of Contribution \$ <b>1,350.00</b>	In-kind contribution description <b>ARMALITE AR 15</b>
Contributor address; City; State; Zip Code <b>14011 FM 2920, TOMBALL, TX 77375</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JENNIFER CHRISTMAS</b>	8 Amount of Contribution \$ <b>115.00</b>	9 In-kind contribution description <b>BEACH BAG BASKET</b>
7 Contributor address; City; State; Zip Code <b>802 TALL PINE DR, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JAVIER RAMIREZ</b>	Amount of Contribution \$ <b>250.00</b>	In-kind contribution description <b>FISHING TRIP</b>
Contributor address; City; State; Zip Code <b>37307 DIAMOND OAKS, MAGNOLIA, TX 77355</b>		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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>68</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date 04/11/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JENNIFER PORTER &amp; NATALIE BURDITT</b>	8 Amount of Contribution \$ <b>300.00</b>	9 In-kind contribution description <b>SKIN CARE BASKET</b>
7 Contributor address; City; State; Zip Code <b>27245 LANA LN, CONROE, TX 77385</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JENNIFER PORTER &amp; NATALIE BURDITT</b>	Amount of Contribution \$ <b>300.00</b>	In-kind contribution description <b>PAMPERING BASKET</b>
Contributor address; City; State; Zip Code <b>27245 LANA LN, CONROE, TX 77385</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>68</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HEATHER HARTENSTEINER</b>	8 Amount of Contribution \$ <b>100.00</b>	9 In-kind contribution description <b>SUMMER TIME WREATH</b>
7 Contributor address; City; State; Zip Code <b>19616 HIGH MEADOW PRESERVE CT, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JEAN MANN</b>	Amount of Contribution \$ <b>100.00</b>	In-kind contribution description <b>PURSE</b>
Contributor address; City; State; Zip Code <b>63 W NEW AVERY PL, SPRING, TX 77382</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JAVIER RAMIREZ</b>	8 Amount of Contribution \$ <b>25.00</b>	9 In-kind contribution description <b>RANCHO GRANDE GIFT CERTIFICATE</b>
7 Contributor address; City; State; Zip Code <b>18914 FM 1488 RD, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JAVIER RAMIREZ</b>	Amount of Contribution \$ <b>30.00</b>	In-kind contribution description <b>RANCHO GRANDE GIFT CERTIFICATE</b>
Contributor address; City; State; Zip Code <b>18914 FM 1488 RD, MAGNOLIA, TX 77355</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JESSIE SCHMIDT</b>	8 Amount of Contribution \$ <b>80.00</b>	9 In-kind contribution description <b>CAKE</b>
7 Contributor address; City; State; Zip Code <b>16268 TREE BEND LN, PLANTERSVILLE, TX 77363</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HAVEN FORSYTHE</b>	Amount of Contribution \$ <b>30.00</b>	In-kind contribution description <b>HAND KNIT TURTLE</b>
Contributor address; City; State; Zip Code <b>16268 TREE BEND LN, PLANTERSVILLE, TX 77363</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KENNY HARTENSTEINER</b>	8 Amount of Contribution \$ <b>40.00</b>	9 In-kind contribution description <b>HAND MADE KNIFE</b>
7 Contributor address; City; State; Zip Code <b>19616 HIGH MEADOW PRESERVE CT, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STEVE HOFFART</b>	Amount of Contribution \$ <b>65.00</b>	In-kind contribution description <b>PHARMACY BASKET</b>
Contributor address; City; State; Zip Code <b>18230 FM 1488 RD, MAGNOLIA, TX 77354</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JIMMY THORNTON</b>	8 Amount of Contribution \$ <b>2,700.00</b>	9 In-kind contribution description <b>ROUND OF GOLF FOR 3 AT BLUEJACK</b>
7 Contributor address; City; State; Zip Code <b>303 BEAUMONT DR, MAGNOLIA, TX 77354</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KENDRICK SKIPPER</b>	Amount of Contribution \$ <b>120.00</b>	In-kind contribution description <b>CHICK FIL A BASKET</b>
Contributor address; City; State; Zip Code <b>10977 LAKE FOREST DR, CONROE, TX 77384</b>		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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>08</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KRISTI BAKER</b>	8 Amount of Contribution \$ <b>600.00</b>	9 In-kind contribution description <b>COMPACT DRILL SET</b>
7 Contributor address; City; State; Zip Code <b>10911 CLUBHOUSE CIRCLE, MAGNOLIA, TX 77354</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LARRY CHRISTMAS</b>	Amount of Contribution \$ <b>400.00</b>	In-kind contribution description <b>BLACKSTONE GRIDDLE</b>
Contributor address; City; State; Zip Code <b>802 TALL PINE DR, MAGNOLIA, TX 77355</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LAURA WATSON</b>	8 Amount of Contribution \$ <b>1,000.00</b>	9 In-kind contribution description <b>HIBACHI DINNER AT HOME</b>
7 Contributor address; City; State; Zip Code <b>10 WELLESLEY CT, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LAURA WATSON</b>	Amount of Contribution \$ <b>25.00</b>	In-kind contribution description <b>DRY CLEANING CERTIFICATE</b>
Contributor address; City; State; Zip Code <b>10 WELLESLEY CT, MAGNOLIA, TX 77355</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LAURA WATSON</b>	8 Amount of Contribution \$ <b>20.00</b>	9 In-kind contribution description <b>DRY CLEANING CERTIFICATE</b>
7 Contributor address; City; State; Zip Code <b>10 WELLESLEY CT, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LAURA WATSON</b>	Amount of Contribution \$ <b>25.00</b>	In-kind contribution description <b>DRY CLEANING CERTIFICATE</b>
Contributor address; City; State; Zip Code <b>10 WELLESLEY CT, MAGNOLIA, TX 77355</b>		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 NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LEA DUNNINGHAM</b>	8 Amount of Contribution \$ <b>120.00</b>	9 In-kind contribution description <b>PICNIC BASKET</b>
7 Contributor address; City; State; Zip Code <b>12107 CAROL LN, PINEHURST, TX 77362</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LINDA STUCKEY</b>	Amount of Contribution \$ <b>75.00</b>	In-kind contribution description <b>PICNIC BAG</b>
Contributor address; City; State; Zip Code <b>30310 CHARLIE LN, MAGNOLIA, TX 77355</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LUIS HERNANDEZ</b>	8 Amount of Contribution \$ <b>50.00</b>	9 In-kind contribution description <b>PIZZAIOLO'S GIFT CARD</b>
7 Contributor address; City; State; Zip Code <b>18304 FM 1488, RD, MAGNOLIA, TX 77354</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LINDA STUCKEY</b>	Amount of Contribution \$ <b>200.00</b>	In-kind contribution description <b>MACHO FERN</b>
Contributor address; City; State; Zip Code <b>30310 CHARLIE LN, MAGNOLIA, TX 77355</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LUIS HERNANDEZ</b>	8 Amount of Contribution \$ <b>30.00</b>	9 In-kind contribution description <b>PIZZAIOLO'S GIFT CARD</b>
7 Contributor address; City; State; Zip Code <b>18304 FM 1488, RD, MAGNOLIA, TX 77354</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TERRY PORTER</b>	Amount of Contribution \$ <b>430.00</b>	In-kind contribution description <b>TISAS ZIAGANA 9MM</b>
Contributor address; City; State; Zip Code <b>20263 ALFORD RD, MAGNOLIA, TX 77355</b>		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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>68</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TERRY PORTER</b>	8 Amount of Contribution \$ <b>450.00</b>	9 In-kind contribution description <b>TISAS FATH .380</b>
7 Contributor address; City; State; Zip Code <b>20263 ALFORD RD, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TERRY PORTER</b>	Amount of Contribution \$ <b>575.00</b>	In-kind contribution description <b>AREX ZERO 9MM</b>
Contributor address; City; State; Zip Code <b>20263 ALFORD RD, MAGNOLIA, TX 77355</b>		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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>68</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TERRY PORTER</b>	8 Amount of Contribution \$ <b>600.00</b>	9 In-kind contribution description <b>KSA CRICKETT YOUTH RIFLE</b>
7 Contributor address; City; State; Zip Code <b>20263 ALFORD RD, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TERRY PORTER</b>	Amount of Contribution \$ <b>600.00</b>	In-kind contribution description <b>STOEGER M3000 12 GAUGE SHOTGUN</b>
Contributor address; City; State; Zip Code <b>20263 ALFORD RD, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TERRY PORTER</b>	8 Amount of Contribution \$ <b>3,000.00</b>	9 In-kind contribution description <b>F1 FIREARMS KING F15 RIFLE WITH SCOPE AND CASE</b>
7 Contributor address; City; State; Zip Code <b>20263 ALFORD RD, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARY WHITAKER</b>	Amount of Contribution \$ <b>25.00</b>	In-kind contribution description <b>DRY CLEANING CERTIFICATE</b>
Contributor address; City; State; Zip Code <b>23807 BUSHY OAKS ST, HOCKLEY, TX 77447</b>		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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>68</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date 04/11/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MIKE BESECKER</b> 7 Contributor address; City; State; Zip Code <b>8313 COLT LN, WALLER, TX 77484</b>	8 Amount of Contribution \$ <b>100.00</b>	9 In-kind contribution description <b>WHISKEY GLASS &amp; DECANter BASKET</b> <small>Check if travel outside of Texas. Complete Schedule T.</small>
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 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARK SELLERS</b> Contributor address; City; State; Zip Code <b>27041 CANYON RANCH CIRCLE, MAGNOLIA, TX 77355</b>	Amount of Contribution \$ <b>125.00</b>	In-kind contribution description <b>LONE SURVIVOR BOOK</b> <small>Check if travel outside of Texas. Complete Schedule T.</small>
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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MIKE SILVIO</b>	8 Amount of Contribution \$ <b>450.00</b>	9 In-kind contribution description <b>NOLAN RYAN ART</b>
7 Contributor address; City; State; Zip Code <b>923 BOX ELDER DR, MAGNOLIA, TX 77354</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PAULA JONES</b>	Amount of Contribution \$ <b>100.00</b>	In-kind contribution description <b>CHICKEN BASKET</b>
Contributor address; City; State; Zip Code <b>17366 SUNSET RANCH DR, MONTGOMERY, TX 77316</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PAULA JONES</b>	8 Amount of Contribution \$ <b>200.00</b>	9 In-kind contribution description <b>BEE KIND BASKET</b>
7 Contributor address; City; State; Zip Code <b>17366 SUNSET RANCH DR, MONTGOMERY, TX 77316</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PAULA JONES</b>	Amount of Contribution \$ <b>250.00</b>	In-kind contribution description <b>BEE BASKET</b>
Contributor address; City; State; Zip Code <b>17366 SUNSET RANCH DR, MONTGOMERY, TX 77316</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>68</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date 04/11/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SIMON SEQUIRIA</b>	8 Amount of Contribution \$ 400.00	9 In-kind contribution description <b>HOUSTON OAKS SKEET SHOOT</b>
7 Contributor address; City; State; Zip Code <b>26926 FM 2978, MAGNOLIA, TX 77354</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RALPH SMITH</b>	Amount of Contribution \$ 550.00	In-kind contribution description <b>GOLF FOR 4 AT MARGARITAVILLE</b>
Contributor address; City; State; Zip Code <b>6879 SPRING BRANCH, MONTGOMERY, TX 77316</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RANDY &amp; ANN STEWART</b>	8 Amount of Contribution \$ <b>300.00</b>	9 In-kind contribution description <b>BASS FISHING TRIP</b>
7 Contributor address; City; State; Zip Code <b>5305 CR 227, BEDIAS, TX 77381</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>REED EDELMAN</b>	Amount of Contribution \$ <b>1,200.00</b>	In-kind contribution description <b>12 GAUGE SEMI AUTO SHOTGUN</b>
Contributor address; City; State; Zip Code <b>23470 BAYS CHAPEL RD, RICHARDS, TX 77873</b>		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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date 04/11/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RENE BENITEZ</b>	8 Amount of Contribution \$ <b>100.00</b>	9 In-kind contribution description <b>LAS FUENTES GIFT CERTIFICATE</b>
7 Contributor address; City; State; Zip Code <b>27015 GOODNIGHT TRAIL, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RENE BENITEZ</b>	Amount of Contribution \$ <b>100.00</b>	In-kind contribution description <b>LAS FUENTES GIFT CERTIFICATE</b>
Contributor address; City; State; Zip Code <b>27015 GOODNIGHT TRAIL, MAGNOLIA, TX 77355</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>28</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RYAN JOHNSON</b>	8 Amount of Contribution \$ <b>275.00</b>	9 In-kind contribution description <b>FIRE PIT</b>
7 Contributor address; City; State; Zip Code <b>12123 MABEL LN, PINEHURST, TX 77362</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SOUTHERN HERITAGE CONSULTING</b>	Amount of Contribution \$ <b>40.00</b>	In-kind contribution description <b>PILLOW &amp; BLANKET SET</b>
Contributor address; City; State; Zip Code <b>29567 TUDOR WAY, MAGNOLIA, TX 77355</b>		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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**NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**

**SCHEDULE A2**

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SOUTHERN HERITAGE CONSULTING</b>	8 Amount of Contribution \$ <b>40.00</b>	9 In-kind contribution description <b>MOTHER'S DAY BASKET</b>
7 Contributor address; City; State; Zip Code <b>29567 TUDOR WAY, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SOUTHERN HERITAGE CONSULTING</b>	Amount of Contribution \$ <b>75.00</b>	In-kind contribution description <b>HOME DECOR BASKET</b>
Contributor address; City; State; Zip Code <b>29567 TUDOR WAY, MAGNOLIA, TX 77355</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>68</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SOUTHERN HERITAGE CONSULTING</b>	8 Amount of Contribution \$ <b>50.00</b>	9 In-kind contribution description <b>BEACH TRAVEL MAT</b>
7 Contributor address; City; State; Zip Code <b>29567 TUDOR WAY, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SOUTHERN HERITAGE CONSULTING</b>	Amount of Contribution \$ <b>75.00</b>	In-kind contribution description <b>CHARCUTERIE BOARD SET</b>
Contributor address; City; State; Zip Code <b>29567 TUDOR WAY, MAGNOLIA, TX 77355</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SOUTHERN HERITAGE CONSULTING</b>	8 Amount of Contribution \$ <b>85.00</b>	9 In-kind contribution description <b>ROLLING ORGANIZING CART</b>
7 Contributor address; City; State; Zip Code <b>29567 TUDOR WAY, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SOUTHERN HERITAGE CONSULTING</b>	Amount of Contribution \$ <b>85.00</b>	In-kind contribution description <b>LICENSE PLATE STAR</b>
Contributor address; City; State; Zip Code <b>29567 TUDOR WAY, MAGNOLIA, TX 77355</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SOUTHERN HERITAGE CONSULTING</b>	8 Amount of Contribution \$ <b>100.00</b>	9 In-kind contribution description <b>PIG PAINTING</b>
7 Contributor address; City; State; Zip Code <b>29567 TUDOR WAY, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SOUTHERN HERITAGE CONSULTING</b>	Amount of Contribution \$ <b>100.00</b>	In-kind contribution description <b>STORAGE BOWL SET</b>
Contributor address; City; State; Zip Code <b>29567 TUDOR WAY, MAGNOLIA, TX 77355</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SOUTHERN HERITAGE CONSULTING</b>	8 Amount of Contribution \$ <b>150.00</b>	9 In-kind contribution description <b>ANTIQUE TRUCK PORTRAIT</b>
7 Contributor address; City; State; Zip Code <b>29567 TUDOR WAY, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SOUTHERN HERITAGE CONSULTING</b>	Amount of Contribution \$ <b>20.00</b>	In-kind contribution description <b>TRAY WITH ARRANGEMENT</b>
Contributor address; City; State; Zip Code <b>29567 TUDOR WAY, MAGNOLIA, TX 77355</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SOUTHERN HERITAGE CONSULTING</b>	8 Amount of Contribution \$ <b>25.00</b>	9 In-kind contribution description <b>FARMHOUSE WALL DECOR</b>
7 Contributor address; City; State; Zip Code <b>29567 TUDOR WAY, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SOUTHERN HERITAGE CONSULTING</b>	Amount of Contribution \$ <b>50.00</b>	In-kind contribution description <b>WELCOME WREATH</b>
Contributor address; City; State; Zip Code <b>29567 TUDOR WAY, MAGNOLIA, TX 77355</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SOUTHERN HERITAGE CONSULTING</b>	8 Amount of Contribution \$ <b>65.00</b>	9 In-kind contribution description <b>WALL CROSS</b>
7 Contributor address; City; State; Zip Code <b>29567 TUDOR WAY, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SOUTHERN HERITAGE CONSULTING</b>	Amount of Contribution \$ <b>80.00</b>	In-kind contribution description <b>GARDEN BENCH</b>
Contributor address; City; State; Zip Code <b>29567 TUDOR WAY, MAGNOLIA, TX 77355</b>		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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SOUTHERN HERITAGE CONSULTING</b>	8 Amount of Contribution \$ <b>100.00</b>	9 In-kind contribution description <b>ICE CHEST</b>
7 Contributor address; City; State; Zip Code <b>29567 TUDOR WAY, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SOUTHERN HERITAGE CONSULTING</b>	Amount of Contribution \$ <b>100.00</b>	In-kind contribution description <b>RUSTIC CHALKBOARD</b>
Contributor address; City; State; Zip Code <b>29567 TUDOR WAY, MAGNOLIA, TX 77355</b>		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 NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STEVE SCHNEIDER</b>	8 Amount of Contribution \$ <b>555.00</b>	9 In-kind contribution description <b>TIFFANY BLUE .380</b>
7 Contributor address; City; State; Zip Code <b>544 SAVANNAH PARK, CONROE, TX 77302</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CRISSI GRIMM</b>	Amount of Contribution \$ <b>200.00</b>	In-kind contribution description <b>CROWN ROYAL BARREL ART</b>
Contributor address; City; State; Zip Code <b>31833 WALNUT CREEK RD, MAGNOLIA, TX 77355</b>		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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date 04/11/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STEVE SCHNEIDER</b>	8 Amount of Contribution \$ <b>2,300.00</b>	9 In-kind contribution description <b>HENRY GOLDEN 44 MAG RIFLE</b>
7 Contributor address; City; State; Zip Code <b>544 SAVANNAH PARK, CONROE, TX 77302</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CRISSI GRIMM</b>	Amount of Contribution \$ <b>35.00</b>	In-kind contribution description <b>GIRLS TOY BASKET</b>
Contributor address; City; State; Zip Code <b>31833 WALNUT CREEK RD, MAGNOLIA, TX 77355</b>		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 NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date  04/11/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TREY KISTLER</b> ..... 7 Contributor address; City; State; Zip Code <b>30603 BEYETTE RD, MAGNOLIA, TX 77355</b>	8 Amount of Contribution \$  300.00	9 In-kind contribution description  KISTLER FISHING ROD  <small>Check if travel outside of Texas. Complete Schedule T.</small>
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  04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CRISSI GRIMM</b> ..... Contributor address; City; State; Zip Code <b>31833 WALNUT CREEK RD, MAGNOLIA, TX 77355</b>	Amount of Contribution \$  70.00	In-kind contribution description  BOYS TOY BASKET  <small>Check if travel outside of Texas. Complete Schedule T.</small>
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 NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date 04/11/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TROY LOGAN</b>	8 Amount of Contribution \$ <b>250.00</b>	9 In-kind contribution description <b>WHITE TAIL SHOULDER MOUNT</b>
7 Contributor address; City; State; Zip Code <b>22650 BANEERRY RD, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARSHALL WILLIAMS</b>	Amount of Contribution \$ <b>400.00</b>	In-kind contribution description <b>EARL CAMPBELL JERSEY</b>
Contributor address; City; State; Zip Code <b>434 FM 1486, MAGNOLIA, TX 77354</b>		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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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>68</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BRAD &amp; LISA BODWAY</b>	8 Amount of Contribution \$ <b>600.00</b>	9 In-kind contribution description <b>WHISKEY BARREL BAR WITH BAR STOOLS</b>
7 Contributor address; City; State; Zip Code <b>26911 SPOTTED PONY CT, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PHILIP ORANGE</b>	Amount of Contribution \$ <b>800.00</b>	In-kind contribution description <b>KAYO 60 DIRT BIKE</b>
Contributor address; City; State; Zip Code <b>9550 FM 1960 RD, HOUSTON, TX 77070</b>		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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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>08</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DALE &amp; BECKY BIBLE</b>	8 Amount of Contribution \$ <b>800.00</b>	9 In-kind contribution description <b>GLOCK 17 9MM STARS &amp; STRIPES</b>
7 Contributor address; City; State; Zip Code <b>30806 GREEN FOREST DR, MAGNOLIA, TX 77354</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BEN HERMAN</b>	Amount of Contribution \$ <b>900.00</b>	In-kind contribution description <b>GOD BLESS AMERICA HENRY RIFLE</b>
Contributor address; City; State; Zip Code <b>23557 HIGH MEADOW ESTATES DR, MONTGOMERY, TX 77316</b>		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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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>68</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BEN HERMAN</b>	8 Amount of Contribution \$ <b>900.00</b>	9 In-kind contribution description <b>2ND AMENDMENT TRIBUTE HENRY RIFLE</b>
7 Contributor address; City; State; Zip Code <b>23557 HIGH MEADOW ESTATES DR, MONTGOMERY, TX 77316</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BEN HERMAN</b>	Amount of Contribution \$ <b>6,000.00</b>	In-kind contribution description <b>MOCO SIGNED LAW ENFORCEMENT RIFLE</b>
Contributor address; City; State; Zip Code <b>23557 HIGH MEADOW ESTATES DR, MONTGOMERY, TX 77316</b>		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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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>68</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROB &amp; KELLY JONES</b>	8 Amount of Contribution \$ <b>1,500.00</b>	9 In-kind contribution description <b>AUTOGRAPHPED CHRIS KYLE BOOK</b>
7 Contributor address; City; State; Zip Code <b>5 HUNTINGTON WOODS DR, TOMBALL, TX 77375</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BEN HERMAN</b>	Amount of Contribution \$ <b>8,000.00</b>	In-kind contribution description <b>LUTTRELL SIGNED MILITARY RIFLE</b>
Contributor address; City; State; Zip Code <b>23557 HIGH MEADOW ESTATES DR, MONTGOMERY, TX 77316</b>		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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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>28</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DWAYNE &amp; TRACEY MARACNTEL</b>	8 Amount of Contribution \$ <b>600.00</b>	9 In-kind contribution description <b>WEATHERBY BOLT ACTION .257 SHOTGUN</b>
7 Contributor address; City; State; Zip Code <b>26202 CROWN CT, MONTGOMERY, TX 77316</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MOCO CONSTABLE PCT 5 COMMAND</b>	Amount of Contribution \$ <b>1,600.00</b>	In-kind contribution description <b>TRAEGER 885 PELLET GRILL</b>
Contributor address; City; State; Zip Code <b>19100 UNITY PARK DR, MAGNOLIA, TX 77355</b>		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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>68</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JEFF &amp; MANDY LAUDERDALE</b>	8 Amount of Contribution \$ <b>1,500.00</b>	9 In-kind contribution description <b>10 PALLETS OF GRASS INSTALLED</b>
7 Contributor address; City; State; Zip Code <b>29032 CHAMPIONS DR, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BO MAUCH</b>	Amount of Contribution \$ <b>2,000.00</b>	In-kind contribution description <b>OFFSHORE FISHING TRIP</b>
Contributor address; City; State; Zip Code <b>6426 RANCH LAKE DR, MAGNOLIA, TX 77354</b>		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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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>  08  </u>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>  0  </u>	
5 Date  04/11/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BILLY LOVELL</b> ..... 7 Contributor address; City; State; Zip Code <b>37610 DOVE LAKE DR, MAGNOLIA, TX 77354</b>	8 Amount of Contribution \$  1,000.00	9 In-kind contribution description  <b>CATERING FOR 50 PPL</b>
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  04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BILL &amp; COLLEEN ELLISON</b> ..... Contributor address; City; State; Zip Code <b>2111 N FRAZIER, CONROE, TX 77301</b>	Amount of Contribution \$  4,000.00	In-kind contribution description  <b>CANE CORSO PUPPY</b>
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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>28</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ERICK BERNARD</b>	8 Amount of Contribution \$ <b>3,000.00</b>	9 In-kind contribution description <b>IRRIGATION INSTALLED</b>
7 Contributor address; City; State; Zip Code <b>22419 MEADOWSWEET DR, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SIMON SEQUEIRA</b>	Amount of Contribution \$ <b>3,000.00</b>	In-kind contribution description <b>WHITE TAIL DEER HUNT</b>
Contributor address; City; State; Zip Code <b>26926 FM 2978, MAGNOLIA, TX 77354</b>		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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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>68</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEAN BRYANT</b>	8 Amount of Contribution \$ <b>6,500.00</b>	9 In-kind contribution description <b>EXOTIC ORYX HUNT</b>
7 Contributor address; City; State; Zip Code <b>2403 CANTER LN, CONROE, TX 77384</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HUNTER ADAMS</b>	Amount of Contribution \$ <b>5,000.00</b>	In-kind contribution description <b>EXOTIC DEER HUNT</b>
Contributor address; City; State; Zip Code <b>14235 ADAMS LN, PINEHURST, TX 77362</b>		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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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>108</b>	
2 FILER NAME <b>CONSTABLE CHRIS JONES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>04/11/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MOCO CONSTABLE PCT 5 DEPT</b>	8 Amount of Contribution \$ <b>2,700.00</b>	9 In-kind contribution description <b>AMERICAN PATRIOT .45</b>
7 Contributor address; City; State; Zip Code <b>19100 UNITY PARK DR, MAGNOLIA, TX 77355</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
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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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>44</b>	2 FILER NAME <b>CONSTABLE CHRIS JONES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>01/02/2024</b>	5 Payee name <b>BRYAN CHRIST</b>
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6 Amount (\$) <b>500.00</b>	7 Payee address; City; State; Zip Code <b>29567 TUDOR WAY, MAGNOLIA, TX 77355</b>
--------------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY C/OH</b>	(b) Description <b>DONATION TO BRYAN CHRIST CAMPAIGN</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>01/03/2024</b>	Payee name <b>MAGNOLIA'S BEST STORAGE</b>
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Amount (\$) <b>224.00</b>	Payee address; City; State; Zip Code <b>37805 FM 1774, Magnolia, TX 77355</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OFFICE OVERHEAD/RENTAL EXPENSE</b>	Description <b>STORAGE UNIT FOR COOK TRAILER AND SIGNS</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>01/04/2024</b>	Payee name <b>SOCIETY OF SAMARITANS</b>
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Amount (\$) <b>800.00</b>	Payee address; City; State; Zip Code <b>31355 Friendship Dr, Magnolia, TX 77355</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY C/OH</b>	Description <b>TABLE FOR PURSE BINGO FUNDRAISER</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>44</b>	<b>2</b> FILER NAME <b>CONSTABLE CHRIS JONES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>01/06/2024</b>	<b>5</b> Payee name <b>CLEARWATER EXPRESS</b>
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<b>6</b> Amount (\$) <b>14.99</b>	<b>7</b> Payee address; City; State; Zip Code <b>14206 FM 1488 Rd, Magnolia, TX 77354</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>FEES</b>	<b>(b)</b> Description <b>CAR WASH MEMBERSHIP FOR CAMPAIGN VEHICLES</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>01/09/2024</b>	Payee name <b>HOUSTON TEXANS</b>
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Amount (\$) <b>1,177.00</b>	Payee address; City; State; Zip Code <b>8400 Kirby Dr, Houston, TX 77054</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FEES</b>	Description <b>TICKETS FOR DONATION REQUESTS</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>01/24/2024</b>	Payee name <b>AMAZON</b>
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Amount (\$) <b>49.30</b>	Payee address; City; State; Zip Code <b>440 Terry Ave N, Seattle, WA 98109</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>SUPPLIES FOR COOKING EVENTS</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>44</b>	<b>2</b> FILER NAME <b>CONSTABLE CHRIS JONES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>01/24/2024</b>	<b>5</b> Payee name <b>BRETT LIGON</b>	
<b>6</b> Amount (\$) <b>515.38</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 805, Montgomery, TX 77356</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	<b>(b)</b> Description <b>DONATION FOR ANNUAL FUNDRAISER</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>01/24/2024</b>	Payee name <b>PIZZAIOLOS</b>	
Amount (\$) <b>26.35</b>	Payee address; City; State; Zip Code <b>8304 FM 1488, Magnolia, TX 77354</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description <b>PIZZA PARTY FOR SCHOOL</b>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check If Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>01/24/2024</b>	Payee name <b>PIZZAIOLOS</b>	
Amount (\$) <b>40.54</b>	Payee address; City; State; Zip Code <b>8304 FM 1488, Magnolia, TX 77354</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description <b>PIZZA PARTY FOR SCHOOL</b>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check If Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>44</b>	2 FILER NAME <b>CONSTABLE CHRIS JONES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>01/24/2024</b>	5 Payee name <b>AMAZON</b>
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6 Amount (\$) <b>121.98</b>	7 Payee address; City; State; Zip Code <b>440 Terry Ave N, Seattle, WA 98109</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	(b) Description <b>SUPPLIES FOR SENIOR CENTER</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>01/24/2024</b>	Payee name <b>PIZZAIOS</b>
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Amount (\$) <b>95.31</b>	Payee address; City; State; Zip Code <b>8304 FM 1488, Magnolia, TX 77354</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description <b>PIZZA PARTY FOR SCHOOL</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>01/24/2024</b>	Payee name <b>PIZZAIOS</b>
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Amount (\$) <b>40.54</b>	Payee address; City; State; Zip Code <b>8304 FM 1488, Magnolia, TX 77354</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description <b>PIZZA PARTY FOR SCHOOL</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>44</b>	2 FILER NAME <b>CONSTABLE CHRIS JONES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>01/25/2024</b>	5 Payee name <b>COMMUNITY IMPACT</b>
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6 Amount (\$) <b>545.95</b>	7 Payee address; City; State; Zip Code <b>16225 Impact Way, Pflugerville, TX 78660</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <b>AD FOR COMMUNITY IMPACT PAPER</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>01/25/2024</b>	Payee name <b>RANCHO GRANDE</b>
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Amount (\$) <b>217.72</b>	Payee address; City; State; Zip Code <b>18914 FM 1488 Rd, Magnolia, TX 77355</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FOOD EXPENSE</b>	Description <b>MEETING WITH CONSTITUENTS</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>01/29/2024</b>	Payee name <b>PIZZAIOLOS</b>
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Amount (\$) <b>51.93</b>	Payee address; City; State; Zip Code <b>8304 FM 1488, Magnolia, TX 77354</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description <b>PIZZA PARTY FOR SCHOOL</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>44</b>	2 FILER NAME <b>CONSTABLE CHRIS JONES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>02/01/2024</b>	5 Payee name <b>REPUBLICAN VOTERS OF TEXAS PAC</b>
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6 Amount (\$) <b>1,000.00</b>	7 Payee address; City; State; Zip Code <b>30310 Charlie Ln, Magnolia, TX 77355</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	(b) Description <b>DONATION FOR POLLING SUPPLIES</b>
	(c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>02/02/2024</b>	Payee name <b>BUZZ LIQUOR</b>
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Amount (\$) <b>332.23</b>	Payee address; City; State; Zip Code <b>16507 Mueschke Rd, Cypress, TX 77433</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>GIFT/AWARD EXPENSE</b>	Description <b>GIFTS FOR CONSTIUEENTS</b>
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>02/02/2024</b>	Payee name <b>MAGNOLIA'S BEST STORAGE</b>
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Amount (\$) <b>224.00</b>	Payee address; City; State; Zip Code <b>37805 FM 1774, Magnolia, TX 77355</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>RENTAL EXPENSE</b>	Description <b>STORAGE UNIT FOR COOK TRAILER AND SIGNS</b>
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 44	<b>2</b> FILER NAME CONSTABLE CHRIS JONES	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 02/02/2024	<b>5</b> Payee name MUNDO'S TIRE
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<b>6</b> Amount (\$) 550.00	<b>7</b> Payee address; 35307 TX 249, Pinehurst, TX 77362	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	<b>(b)</b> Description NEW TIRES FOR CAR THAT IS BEING DONATED TO A FAMILY IN NEED
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/06/2024	Payee name CLEARWATER EXPRESS
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Amount (\$) 44.97	Payee address; 14206 FM 1488 Rd, Magnolia, TX 77354	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FEES	Description CARWASH MEMBERSHIP FOR CAMPAIGN VEHICLES
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/08/2024	Payee name SOCIETY OF SAMARITANS
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Amount (\$) 466.00	Payee address; 31355 Friendship Dr, Magnolia, TX 77355	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description DONATION FOR SCHOOL HYGIENE SUPPLIES
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 44	<b>2</b> FILER NAME CONSTABLE CHRIS JONES	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 02/09/2024	<b>5</b> Payee name SOCIETY OF SAMARITANS
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<b>6</b> Amount (\$) 200.00	<b>7</b> Payee address; City; State; Zip Code 31355 Friendship Dr, Magnolia, TX 77355
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	<b>(b)</b> Description DONATION FOR PURSE BINGO
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/14/2024	Payee name DOVE WIBLE
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Amount (\$) 1,000.00	Payee address; City; State; Zip Code 41526 S Brenda Ln, Magnolia, TX 77354
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description DONATION FOR SONNY WIBLE RACING
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/15/2024	Payee name H - E - B
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Amount (\$) 178.18	Payee address; City; State; Zip Code 7988 FM 1488, Magnolia, TX 77354
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description HOT DOGS FOR SCHOOL EVENT
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>44</b>	2 FILER NAME <b>CONSTABLE CHRIS JONES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>02/15/2024</b>	5 Payee name <b>MHS BASEBALL</b>
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6 Amount (\$) <b>800.00</b>	7 Payee address; City; State; Zip Code <b>14350 FM 1488 Rd, Magnolia, TX 77354</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	(b) Description <b>DONATION TO BASEBALL TEAM</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>02/15/2024</b>	Payee name <b>RANCHO GRANDE</b>
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Amount (\$) <b>55.93</b>	Payee address; City; State; Zip Code <b>18914 FM 1488 Rd, Magnolia, TX 77355</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FOOD EXPENSE</b>	Description <b>MEETING WITH CONSTITUENTS</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>02/24/2024</b>	Payee name <b>THE UPS STORE</b>
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Amount (\$) <b>30.44</b>	Payee address; City; State; Zip Code <b>18640 FM 1488 Rd, Magnolia, TX 77354</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FUNDRAISING EXPENSE</b>	Description <b>PRINT FLYERS FOR FUNDRAISER</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>44</b>	2 FILER NAME <b>CONSTABLE CHRIS JONES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>02/25/2024</b>	5 Payee name <b>CAVENDER'S</b>
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6 Amount (\$) <b>204.58</b>	7 Payee address; City; State; Zip Code <b>14031 Northwest Frwy, Houston, TX 77040</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	(b) Description <b>SUPPLIES NEEDED FOR RODEO</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>02/25/2024</b>	Payee name <b>CAVENDER'S</b>
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Amount (\$) <b>241.61</b>	Payee address; City; State; Zip Code <b>6760 N Grand Pkwy, Spring, TX 77389</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>SUPPLIES NEEDED FOR RODEO</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>02/25/2024</b>	Payee name <b>CAVENDER'S</b>
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Amount (\$) <b>651.88</b>	Payee address; City; State; Zip Code <b>6760 N Grand Pkwy, Spring, TX 77389</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>SUPPLIES NEEDED FOR RODEO</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>44</b>	2 FILER NAME <b>CONSTABLE CHRIS JONES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>02/26/2024</b>	5 Payee name <b>BUZZ LIQUOR</b>
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6 Amount (\$) <b>170.57</b>	7 Payee address; City; State; Zip Code <b>16507 Mueschke Rd, Cypress, TX 77433</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>GIFT EXPENSE</b>	(b) Description <b>CONSTITUENT GIFTS</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>02/27/2024</b>	Payee name <b>GABINO MARTINEZ</b>
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Amount (\$) <b>1,150.00</b>	Payee address; City; State; Zip Code <b>202 Border St, Forney, TX 75126</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FUNDRAISING EXPENSE</b>	Description <b>SPEED PAINTER FOR FUNDRAISER</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>02/29/2024</b>	Payee name <b>MWHS PROJECT PROM</b>
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Amount (\$) <b>240.00</b>	Payee address; City; State; Zip Code <b>42202 FM 1774, Magnolia, TX 77354</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description <b>DONATION FOR PROJECT PROM</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>44</b>	<b>2</b> FILER NAME <b>CONSTABLE CHRIS JONES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>03/01/2024</b>	<b>5</b> Payee name <b>CHAD JORDAN</b>	
<b>6</b> Amount (\$) <b>2,000.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>24614 Nottingham Circle, Hockley, TX 77447</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	<b>(b)</b> Description <b>DONATION TO BASEBALL TEAM</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date <b>03/01/2024</b>	Payee name <b>H - E - B</b>	
Amount (\$) <b>49.98</b>	Payee address; City; State; Zip Code <b>7988 FM 1488, Magnolia, TX 77354</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description <b>SUPPLIES FOR COOKING EVENT FOR SCHOOL</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date <b>03/02/2024</b>	Payee name <b>MAGNOLIA'S BEST STORAGE</b>	
Amount (\$) <b>224.00</b>	Payee address; City; State; Zip Code <b>37805 FM 1774, Magnolia, TX 77355</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>RENTAL EXPENSE</b>	Description <b>STORAGE UNIT FOR COOK TRAILER AND SIGNS</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>44</b>	<b>2</b> FILER NAME <b>CONSTABLE CHRIS JONES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>03/04/2024</b>	<b>5</b> Payee name <b>CAVENDER'S</b>
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<b>6</b> Amount (\$) <b>97.44</b>	<b>7</b> Payee address; City; State; Zip Code <b>2300 Earl Rudder Frwy S, College Station, TX 77840</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	<b>(b)</b> Description <b>SUPPLIES NEEDED FOR RODEO</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/05/2024</b>	Payee name <b>WOODFOREST WAVEBREAKERS</b>
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Amount (\$) <b>250.00</b>	Payee address; City; State; Zip Code <b>251 Central Pine St, Montgomery, TX 77316</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description <b>DONATION TO WOODFOREST SWIM TEAM</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/06/2024</b>	Payee name <b>CLEARWATER EXPRESS</b>
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Amount (\$) <b>44.97</b>	Payee address; City; State; Zip Code <b>14206 FM 1488 Rd, Magnolia, TX 77354</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FEES</b>	Description <b>CAR WASH MEMBERSHIP FOR CAMPAIGN VEHICLES</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>44</b>	<b>2</b> FILER NAME <b>CONSTABLE CHRIS JONES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>03/07/2024</b>	<b>5</b> Payee name <b>MORTON'S</b>
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<b>6</b> Amount (\$) <b>453.98</b>	<b>7</b> Payee address; City; State; Zip Code <b>25 Waterway Ave, The Woodlands, TX 77380</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>FOOD EXPENSE</b>	<b>(b)</b> Description <b>MEETING WITH CONSTITUENTS</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/12/2024</b>	Payee name <b>GMPCC</b>
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Amount (\$) <b>1,125.00</b>	Payee address; City; State; Zip Code <b>PO Box 399, Magnolia, TX 77353</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description <b>ANNUAL DUES FOR CHAMBER MEMBERSHIP</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/13/2024</b>	Payee name <b>MWHS FOOTBALL BOOSTER CLUB</b>
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Amount (\$) <b>560.00</b>	Payee address; City; State; Zip Code <b>42202 FM 1774, Magnolia, TX 77354</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description <b>DONATION FOR GOLF TOURNAMENT</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>44</b>	2 FILER NAME <b>CONSTABLE CHRIS JONES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>03/15/2024</b>	5 Payee name <b>MAGNOLIA LIONS CLUB</b>
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6 Amount (\$) <b>250.00</b>	7 Payee address; <b>400 Melton St, Magnolia, TX 77355</b>	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	(b) Description <b>DONATION FOR PANCAKE SUPPER</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/16/2024</b>	Payee name <b>LAKE CONROE AREA REPUBLICAN WOMEN</b>
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Amount (\$) <b>1,005.00</b>	Payee address; <b>PO Box 737, Montgomery, TX 77356</b>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description <b>DONATION FOR ELECTION SUPPLIES</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/20/2024</b>	Payee name <b>THE ANGRY ELEPHANT</b>
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Amount (\$) <b>43.70</b>	Payee address; <b>7030 FM 1488 # 100, Magnolia, TX 77354</b>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FOOD EXPENSE</b>	Description <b>MEETING WITH CONSTITUENTS</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>44</b>	<b>2</b> FILER NAME <b>CONSTABLE CHRIS JONES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>03/21/2024</b>	<b>5</b> Payee name <b>AMAZON</b>	
<b>6</b> Amount (\$) <b>50.63</b>	<b>7</b> Payee address; City; State; Zip Code <b>440 Terry Ave N, Seattle, WA 98109</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>FUNDRAISING EXPENSE</b>	<b>(b)</b> Description <b>SUPPLIES FOR FUNDRAISER</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>03/21/2024</b>	Payee name <b>AMAZON</b>	
Amount (\$) <b>321.74</b>	Payee address; City; State; Zip Code <b>440 Terry Ave N, Seattle, WA 98109</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FUNDRAISING EXPENSE</b>	Description <b>NEON SIGN FOR FUNDRAISER</b>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>03/21/2024</b>	Payee name <b>MAGNOLIA HUNTING SUPPLY</b>	
Amount (\$) <b>964.18</b>	Payee address; City; State; Zip Code <b>25434 Hardin Store Rd, Magnolia, TX 77354</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FUNDRAISING EXPENSE</b>	Description <b>SUPPLIES FOR FUNDRAISER</b>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>44</b>	<b>2</b> FILER NAME <b>CONSTABLE CHRIS JONES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>03/21/2024</b>	<b>5</b> Payee name <b>RANCHO GRANDE</b>	
<b>6</b> Amount (\$) <b>96.73</b>	<b>7</b> Payee address; City; State; Zip Code <b>18914 FM 1488 Rd, Magnolia, TX 77355</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>FOOD EXPENSE</b>	<b>(b)</b> Description <b>MEETING TO DISCUSS FUNDRAISER</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>03/22/2024</b>	Payee name <b>AMAZON</b>	
Amount (\$) <b>261.45</b>	Payee address; City; State; Zip Code <b>440 Terry Ave N, Seattle, WA 98109</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FUNDRAISING EXPENSE</b>	Description <b>SUPPLIES FOR FUNDRAISER</b>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check If Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>03/22/2024</b>	Payee name <b>WEBSTAIRANT STORE</b>	
Amount (\$) <b>246.66</b>	Payee address; City; State; Zip Code <b>40 Citation Ln, Lititz, PA 17543</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FUNDRAISING EXPENSE</b>	Description <b>SUPPLIES FOR FUNDRAISER</b>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>44</b>	<b>2</b> FILER NAME <b>CONSTABLE CHRIS JONES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>03/23/2024</b>	<b>5</b> Payee name <b>AMAZON</b>	
<b>6</b> Amount (\$) <b>42.26</b>	<b>7</b> Payee address; City; State; Zip Code <b>440 Terry Ave N, Seattle, WA 98109</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	<b>(b)</b> Description <b>AUCTION ITEMS FOR ROBERT WALKER FUNDRAISER</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>03/26/2024</b>	Payee name <b>AMAZON</b>	
Amount (\$) <b>72.58</b>	Payee address; City; State; Zip Code <b>440 Terry Ave N, Seattle, WA 98109</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description <b>AUCTION ITEMS FOR ROBERT WALKER FUNDRAISER</b>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>03/27/2024</b>	Payee name <b>AMAZON</b>	
Amount (\$) <b>25.73</b>	Payee address; City; State; Zip Code <b>440 Terry Ave N, Seattle, WA 98109</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description <b>AUCTION ITEMS FOR ROBERT WALKER FUNDRAISER</b>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>44</b>	<b>2</b> FILER NAME <b>CONSTABLE CHRIS JONES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>03/27/2024</b>	<b>5</b> Payee name <b>PROFORMA</b>	
<b>6</b> Amount (\$) <b>346.27</b>	<b>7</b> Payee address; City; State; Zip Code <b>8800 E Pleasant Valley Rd, Cleveland, OH 44131</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	<b>(b)</b> Description <b>BRANDED KOOZIES</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>04/02/2024</b>	Payee name <b>MAGNOLIA'S BEST STORAGE</b>	
Amount (\$) <b>224.00</b>	Payee address; City; State; Zip Code <b>37805 FM 1774, Magnolia, TX 77355</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>RENTAL EXPENSE</b>	Description <b>STORAGE UNIT FOR COOK TRAILER AND SIGNS</b>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>04/03/2024</b>	Payee name <b>A POP OF COLOR</b>	
Amount (\$) <b>491.46</b>	Payee address; City; State; Zip Code <b>PO Box 821, Spring, TX 77383</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FUNDRAISING EXPENSE</b>	Description <b>BALLOONS FOR FUNDRAISER</b>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>44</b>	2 FILER NAME <b>CONSTABLE CHRIS JONES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>04/03/2024</b>	5 Payee name <b>AMAZON</b>
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6 Amount (\$) <b>9.63</b>	7 Payee address; City; State; Zip Code <b>440 Terry Ave N, Seattle, WA 98109</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>FUNDRAISING EXPENSE</b>	(b) Description <b>SUPPLIES FOR FUNDRAISER</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/03/2024</b>	Payee name <b>AMAZON</b>
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Amount (\$) <b>28.67</b>	Payee address; City; State; Zip Code <b>440 Terry Ave N, Seattle, WA 98109</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FUNDRAISING EXPENSE</b>	Description <b>SUPPLIES FOR FUNDRAISER</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/03/2024</b>	Payee name <b>GRINGO'S</b>
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Amount (\$) <b>230.95</b>	Payee address; City; State; Zip Code <b>30420 FM 2978 Rd, The Woodlands, TX 77354</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FOOD EXPENSE</b>	Description <b>MEETING WITH COMMAND STAFF</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 44	<b>2</b> FILER NAME CONSTABLE CHRIS JONES	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 04/04/2024	<b>5</b> Payee name VARSITY SPIRIT
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<b>6</b> Amount (\$) 699.17	<b>7</b> Payee address; 711 N Front St Ste 100, Memphis, TN 38107	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	<b>(b)</b> Description DONATION FOR MWHS CHEER UNIFORMS
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/06/2024	Payee name CLEARWATER EXPRESS
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Amount (\$) 44.97	Payee address; 14206 FM 1488 Rd, Magnolia, TX 77354	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FEES	Description CARWASH MEMBERSHIP FOR CAMPAIGN VEHICLES
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/06/2024	Payee name J R I
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Amount (\$) 645.00	Payee address; PO Box 698, Magnolia, TX 77353	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description FUNDRAISER GOLF TOURNAMENT
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>44</b>	<b>2</b> FILER NAME <b>CONSTABLE CHRIS JONES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/08/2024</b>	<b>5</b> Payee name <b>MAGNOLIA EVENT CENTER</b>	
<b>6</b> Amount (\$) <b>3,375.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>11659 FM 1488 Rd, Magnolia, TX 77354</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>FUNDRAISING EXPENSE</b>	<b>(b)</b> Description <b>EVENT RENTAL FOR FUNDRAISER</b>
	<b>(c)</b> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>04/08/2024</b>	Payee name <b>M I S D</b>	
Amount (\$) <b>250.00</b>	Payee address; City; State; Zip Code <b>31164 Nichols Sawmill Rd, Magnolia, TX 77355</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description <b>DONATION FOR TEACHER OF THE YEAR CEREMONY</b>
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>04/08/2024</b>	Payee name <b>SOUTHERN HERITAGE CONSULTING</b>	
Amount (\$) <b>2,500.00</b>	Payee address; City; State; Zip Code <b>29567 Tudor Way, Magnolia, TX 77355</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>	Description <b>FUNDRAISER COORDINATOR EXPENSE</b>
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>44</b>	<b>2</b> FILER NAME <b>CONSTABLE CHRIS JONES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/10/2024</b>	<b>5</b> Payee name <b>THE UPS STORE</b>	
<b>6</b> Amount (\$) <b>176.25</b>	<b>7</b> Payee address; City; State; Zip Code <b>18640 FM 1488 Rd, Magnolia, TX 77354</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>FUNDRAISING EXPENSE</b>	<b>(b)</b> Description <b>PRINT MATERIALS FOR FUNDRAISER</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>04/11/2024</b>	Payee name <b>MELISSA JONES CASHED CHECK</b>	
Amount (\$) <b>550.00</b>	Payee address; City; State; Zip Code <b>22619 BANE BERRY RD, MAGNOLIA, TX 77355</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ACCOUNTING/BANKING</b>	Description <b>PETTY CASH NEEDED FOR FUNDRAISER</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>04/11/2024</b>	Payee name <b>THE UPS STORE</b>	
Amount (\$) <b>161.57</b>	Payee address; City; State; Zip Code <b>18640 FM 1488 Rd, Magnolia, TX 77354</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FUNDRAISING EXPENSE</b>	Description <b>PRINT MATERIALS FOR FUNDRAISER</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

<b>1</b> Total pages Schedule F1: <b>44</b>	<b>2</b> FILER NAME <b>CONSTABLE CHRIS JONES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>04/12/2024</b>	<b>5</b> Payee name <b>GABINO MARTINEZ</b>
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<b>6</b> Amount (\$) <b>2,450.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>202 Border St, Forney, TX 75126</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>FUNDRAISING EXPENSE</b>	<b>(b)</b> Description <b>SPEED PAINTER FOR FUNDRAISER</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/12/2024</b>	Payee name <b>RANCHO GRANDE</b>
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Amount (\$) <b>69.06</b>	Payee address; City; State; Zip Code <b>18914 FM 1488 Rd, Magnolia, TX 77355</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD EXPENSE</b>	Description <b>MEETING WITH CONSTITUENTS</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/12/2024</b>	Payee name <b>RANCHO GRANDE</b>
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Amount (\$) <b>186.07</b>	Payee address; City; State; Zip Code <b>18914 FM 1488 Rd, Magnolia, TX 77355</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD EXPENSE</b>	Description <b>MEETING WITH CONSTITUENTS</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>44</b>	2 FILER NAME <b>CONSTABLE CHRIS JONES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>04/12/2024</b>	5 Payee name <b>THE UPS STORE</b>
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6 Amount (\$) <b>161.41</b>	7 Payee address; City; State; Zip Code <b>18640 FM 1488 Rd, Magnolia, TX 77354</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>FUNDRAISING EXPENSE</b>	(b) Description <b>PRINT MATERIALS FOR FUNDRAISER</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/14/2024</b>	Payee name <b>A POP OF COLOR</b>
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Amount (\$) <b>21.65</b>	Payee address; City; State; Zip Code <b>PO Box 821, Spring, TX 77383</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FUNDRAISING EXPENSE</b>	Description <b>BALLOONS FOR FUNDRAISER</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/15/2024</b>	Payee name <b>NATHAN ARAZANTE</b>
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Amount (\$) <b>400.00</b>	Payee address; City; State; Zip Code <b>215 Pine Shadow Dr, Conroe, TX 77301</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FUNDRAISING EXPENSE</b>	Description <b>PHOTOGRAPHER FOR FUNDRAISER</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>44</b>	2 FILER NAME <b>CONSTABLE CHRIS JONES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>04/16/2024</b>	5 Payee name <b>MAGNOLIA COWBOY CHURCH</b>
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6 Amount (\$) <b>500.00</b>	7 Payee address; <b>23245 Glenmont Estates Blvd, Magnolia, TX 77355</b>	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	(b) Description <b>CRAWFISH PARTY DONATION</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/16/2024</b>	Payee name <b>SOUTHERN HERITAGE CONSULTING</b>
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Amount (\$) <b>11,400.00</b>	Payee address; <b>29567 Tudor Way, Magnolia, TX 77355</b>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>	Description <b>FUNDRAISER COORDINATOR</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/17/2024</b>	Payee name <b>HOUSTON TEXANS</b>
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Amount (\$) <b>284.64</b>	Payee address; <b>8400 Kirby Dr, Houston, TX 77054</b>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>GIFT/AWARD EXPENSE</b>	Description <b>TICKETS FOR GIFTS OR DONATIONS</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>44</b>	<b>2</b> FILER NAME <b>CONSTABLE CHRIS JONES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/18/2024</b>	<b>5</b> Payee name <b>W BRADSHAW BONEY</b>	
<b>6</b> Amount (\$) <b>1,287.70</b>	<b>7</b> Payee address; City; State; Zip Code <b>18333 Egret Bay Blvd, Ste 110, Webster, TX 77058</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>FUNDRAISING EXPENSE</b>	<b>(b)</b> Description <b>MAIL OUT MATERIALS FOR FUNDRAISER</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>04/19/2024</b>	Payee name <b>LINDA STUCKEY</b>	
Amount (\$) <b>250.00</b>	Payee address; City; State; Zip Code <b>30310 Charlie Ln, Magnolia, TX 77355</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description <b>DONATION FOR AUCTION ITEMS FOR MAGNOLIA COWBOY CHURCH</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>04/19/2024</b>	Payee name <b>MHS CHEER BOOSTER</b>	
Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>14350 FM 1488 Rd, Magnolia, TX 77354</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description <b>DONATION TO MAG HIGH CHEER</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>44</b>	<b>2</b> FILER NAME <b>CONSTABLE CHRIS JONES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/20/2024</b>	<b>5</b> Payee name <b>H E B</b>	
<b>6</b> Amount (\$) <b>244.07</b>	<b>7</b> Payee address; City; State; Zip Code <b>7988 FM 1488, Magnolia, TX 77354</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	<b>(b)</b> Description <b>SUPPLIES FOR SCHOOL PARTY</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>04/23/2024</b>	Payee name <b>MELISSA JONES CASHED CHECK</b>	
Amount (\$) <b>150.00</b>	Payee address; City; State; Zip Code <b>22619 Baneberry Rd, Magnolia, TX 77355</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>BANKING</b>	Description <b>CASH FOR TABLE CLOTH CLEANING AFTER FUNDRAISER</b>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>04/25/2024</b>	Payee name <b>MHS CHEER BOOSTER</b>	
Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code <b>14350 FM 1488 Rd, Magnolia, TX 77354</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description <b>DONATION TO MAG HIGH CHEER</b>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>44</b>	<b>2</b> FILER NAME <b>CONSTABLE CHRIS JONES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/26/2024</b>	<b>5</b> Payee name <b>AMAZON</b>	
<b>6</b> Amount (\$) <b>128.65</b>	<b>7</b> Payee address; City; State; Zip Code <b>440 Terry Ave N, Seattle, WA 98109</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>OFFICE EXPENSE</b>	<b>(b)</b> Description <b>OFFICE SUPPLIES</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>04/26/2024</b>	Payee name <b>RANCHO GRANDE</b>	
Amount (\$) <b>127.88</b>	Payee address; City; State; Zip Code <b>18914 FM 1488 Rd, Magnolia, TX 77355</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD EXPENSE</b>	Description <b>MEETING WITH COMMAND STAFF</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>04/27/2024</b>	Payee name <b>CHURROLOGY</b>	
Amount (\$) <b>175.00</b>	Payee address; City; State; Zip Code <b>200 Fountain Ln # 7108, Conroe, TX 77304</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>CHURROS DEPOSIT FOR DEPT PARTY</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>44</b>	2 FILER NAME <b>CONSTABLE CHRIS JONES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>04/27/2024</b>	5 Payee name <b>PIZZAIOLOS</b>
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6 Amount (\$) <b>233.96</b>	7 Payee address; <b>8304 FM 1488, Magnolia, TX 77354</b>	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>DONATION BY OH</b>	(b) Description <b>PIZZA PARTY FOR SCHOOL</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/29/2024</b>	Payee name <b>MAGNOLIA APOSTOLIC CHURCH</b>
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Amount (\$) <b>250.00</b>	Payee address; <b>18235 FM 1488, Magnolia, TX 77354</b>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description <b>DONATION TO CHURCH BIZARRE</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/30/2024</b>	Payee name <b>MAGNOLIA AREA SOFTBALL</b>
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Amount (\$) <b>250.00</b>	Payee address; <b>31611 Sugar Bend Dr, Magnolia, TX 77354</b>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description <b>DONATION MADE TO MAG SOFTBALL</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>44</b>	<b>2</b> FILER NAME <b>CONSTABLE CHRIS JONES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>05/02/2024</b>	<b>5</b> Payee name <b>MAGNOLIA'S BEST STORAGE</b>
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<b>6</b> Amount (\$) <b>224.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>37805 FM 1774, Magnolia, TX 77355</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>RENTAL EXPENSE</b>	<b>(b)</b> Description <b>STORAGE UNIT FOR COOK TRAILER AND SIGNS</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>05/06/2024</b>	Payee name <b>CLEARWATER EXPRESS</b>
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Amount (\$) <b>44.97</b>	Payee address; City; State; Zip Code <b>14206 FM 1488 Rd, Magnolia, TX 77354</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FEES</b>	Description <b>CARWASH MEMBERSHIP FOR CAMPAIGN VEHICLES</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>05/06/2024</b>	Payee name <b>ST MATTHIAS CHURCH</b>
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Amount (\$) <b>395.00</b>	Payee address; City; State; Zip Code <b>302 Magnolia Blvd, Magnolia, TX 77355</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description <b>DONATION TO FUNDRAISER</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>44</b>	<b>2</b> FILER NAME <b>CONSTABLE CHRIS JONES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>05/06/2024</b>	<b>5</b> Payee name <b>ST MATTHIAS CHURCH</b>	
<b>6</b> Amount (\$) <b>1,900.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>302 Magnolia Blvd, Magnolia, TX 77355</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	<b>(b)</b> Description <b>DONATION TO FUNDRAISER</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>05/07/2024</b>	Payee name <b>BECCA WILLIAMS</b>	
Amount (\$) <b>530.00</b>	Payee address; City; State; Zip Code <b>1215 Mulcahy St, Rosenberg, TX 77471</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>05/09/2024</b>	Payee name <b>AMAZON</b>	
Amount (\$) <b>12.87</b>	Payee address; City; State; Zip Code <b>440 Terry Ave N, Seattle, WA 98109</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>SUPPLIES FOR COOKING EVENT</b>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>44</b>	<b>2</b> FILER NAME <b>CONSTABLE CHRIS JONES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>05/09/2024</b>	<b>5</b> Payee name <b>H E B</b>	
<b>6</b> Amount (\$) <b>86.17</b>	<b>7</b> Payee address; City; State; Zip Code <b>7988 FM 1488, Magnolia, TX 77354</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	<b>(b)</b> Description <b>DONATION FOR SCHOOL EVENT</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>05/10/2024</b>	Payee name <b>AMAZON</b>	
Amount (\$) <b>151.51</b>	Payee address; City; State; Zip Code <b>440 Terry Ave N, Seattle, WA 98109</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>SUPPLIES FOR COOKING AT SCHOOL EVENT</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>05/16/2024</b>	Payee name <b>JANIYAH ALDRIDGE</b>	
Amount (\$) <b>250.00</b>	Payee address; City; State; Zip Code <b>18704 Knippa Ct, Magnolia, TX 77355</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>GIFT EXPENSE</b>	Description <b>GRADUATION GIFT</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>44</b>	<b>2</b> FILER NAME <b>CONSTABLE CHRIS JONES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>05/11/2024</b>	<b>5</b> Payee name <b>MAGNOLIA VFW</b>	
<b>6</b> Amount (\$) <b>1,750.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>18904 FM 1488, MAGNOLIA, TX 77355</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	<b>(b)</b> Description <b>DONATION FOR NEW CHAPTER OPEN</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>05/16/2024</b>	Payee name <b>MHS BAND BOOSTER CLUB</b>	
Amount (\$) <b>250.00</b>	Payee address; City; State; Zip Code <b>14350 FM 1488, Magnolia, TX 77354</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description <b>DONATION FOR 2024-2025 BAND SEASON</b>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>05/16/2024</b>	Payee name <b>THE ANGRY ELEPHANT</b>	
Amount (\$) <b>237.23</b>	Payee address; City; State; Zip Code <b>7030 FM 1488 #100, Magnolia, TX 77354</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD EXPENSE</b>	Description <b>MEETING WITH COMMAND STAFF</b>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>44</b>	<b>2</b> FILER NAME <b>CONSTABLE CHRIS JONES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>05/17/2024</b>	<b>5</b> Payee name <b>HOUSTON TEXANS</b>	
<b>6</b> Amount (\$) <b>376.88</b>	<b>7</b> Payee address; City; State; Zip Code <b>8400 Kirby Dr, Houston, TX 77054</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>GIFT EXPENSE</b>	<b>(b)</b> Description <b>TICKETS FOR GIFTS/DONATIONS</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>05/20/2024</b>	Payee name <b>MALLORY KNEE</b>	
Amount (\$) <b>250.00</b>	Payee address; City; State; Zip Code <b>384 Skylark St, Magnolia, TX 77355</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>GIFT EXPENSE</b>	Description <b>GRADUATION GIFT</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>05/20/2024</b>	Payee name <b>MWHS FILLIES BOOSTER CLUB</b>	
Amount (\$) <b>1,000.00</b>	Payee address; City; State; Zip Code <b>42202 FM 1774, Magnolia, TX 77354</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description <b>DONATION FOR 2024-2025 SEASON</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>44</b>	2 FILER NAME <b>CONSTABLE CHRIS JONES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>05/21/2024</b>	5 Payee name <b>MAGNOLIA EVENT CENTER</b>
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6 Amount (\$) <b>3,375.00</b>	7 Payee address; City; State; Zip Code <b>11659 FM 1488 Rd, Magnolia, TX 77354</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>FUNDRAISING EXPENSE</b>	(b) Description <b>VENUE RENTAL FOR FUNDRAISER</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>05/31/2024</b>	Payee name <b>AMAZON</b>
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Amount (\$) <b>87.67</b>	Payee address; City; State; Zip Code <b>440 Terry Ave N, Seattle, WA 98109</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description <b>DONATION TO SENIOR CENTER FOR FATHER'S DAY CELEBRATION</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>05/31/2024</b>	Payee name <b>AMAZON</b>
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Amount (\$) <b>169.86</b>	Payee address; City; State; Zip Code <b>440 Terry Ave N, Seattle, WA 98109</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description <b>DONATION TO SENIOR CENTER FOR FATHER'S DAY CELEBRATION</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>44</b>	<b>2</b> FILER NAME <b>CONSTABLE CHRIS JONES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>05/31/2024</b>	<b>5</b> Payee name <b>PREMIER BEVERAGE</b>	
<b>6</b> Amount (\$) <b>1,284.15</b>	<b>7</b> Payee address; City; State; Zip Code <b>13080 TX 105, Conroe, TX 77304</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>GIFT EXPENSE</b>	<b>(b)</b> Description <b>PURCHASE GIFTS FOR CONSTITUENTS</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>05/31/2024</b>	Payee name <b>SOCIETY OF SAMARITANS</b>	
Amount (\$) <b>1,250.00</b>	Payee address; City; State; Zip Code <b>31355 Friendship Dr, Magnolia, TX 77355</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description <b>DONATION FOR GALA</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>06/04/2024</b>	Payee name <b>DAWSON PARK</b>	
Amount (\$) <b>250.00</b>	Payee address; City; State; Zip Code <b>34126 High Point Dr, Magnolia, TX 77355</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>GIFT EXPENSE</b>	Description <b>GRADUATION GIFT FOR CONSTITUENT</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>44</b>	<b>2</b> FILER NAME <b>CONSTABLE CHRIS JONES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>06/04/2024</b>	<b>5</b> Payee name <b>MAGNOLIA'S BEST STORAGE</b>
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<b>6</b> Amount (\$) <b>224.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>37805 FM 1774, Magnolia, TX 77355</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>RENTAL EXPENSE</b>	<b>(b) Description</b> <b>STORAGE UNIT FOR COOK TRAILER AND SIGNS</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>06/06/2024</b>	Payee name <b>CLEARWATER EXPRESS</b>
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Amount (\$) <b>44.97</b>	Payee address; City; State; Zip Code <b>14206 FM 1488 Rd, Magnolia, TX 77354</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FEES</b>	Description <b>CARWASH MEMBERSHIP FOR CAMPAIGN VEHICLES</b>
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>06/06/2024</b>	Payee name <b>GUS JORDAN</b>
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Amount (\$) <b>250.00</b>	Payee address; City; State; Zip Code <b>24614 Nottingham Circle, Hockley, TX 77447</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>GIFT EXPENSE</b>	Description <b>GRADUATION GIFT FOR CONSTITUENT</b>
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 44	<b>2</b> FILER NAME CONSTABLE CHRIS JONES	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 06/07/2024	<b>5</b> Payee name EMILY BEESON
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<b>6</b> Amount (\$) 250.00	<b>7</b> Payee address; City; State; Zip Code 20118 Sienna Ridge Ln, Magnolia, TX 77355
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) GIFT EXPENSE	<b>(b)</b> Description GRADUATION GIFT
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 06/11/2024	Payee name HOME DEPOT
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Amount (\$) 1,406.17	Payee address; City; State; Zip Code 6119 FM 1488 Rd, Magnolia, TX 77354
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description FANS FOR COOK TRAILER
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 06/12/2024	Payee name MUNDO'S TIRE
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Amount (\$) 474.65	Payee address; City; State; Zip Code 35307 TX 249, Pinehurst, TX 77362
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) TRANSPORTATION EQUIPMENT	Description TIRES FOR COOK TRAILER
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 44	<b>2</b> FILER NAME CONSTABLE CHRIS JONES	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 06/12/2024	<b>5</b> Payee name CAM GORDON
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<b>6</b> Amount (\$) 500.00	<b>7</b> Payee address; City; State; Zip Code 30822 ROADIE PASS, MAGNOLIA, TX 77355
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) GIFT EXPENSE	<b>(b)</b> Description GRADUATION GIFT FOR CONSTITUENT
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 06/17/2024	Payee name CHRISTINA WILLIAMS
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Amount (\$) 500.00	Payee address; City; State; Zip Code 17423 WALNUT LN, MAGNOLIA, TX 77355
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) GIFT EXPENSE	Description GRADUATION GIFT FOR CONSTITUENT
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 06/14/2024	Payee name AMAZON
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Amount (\$) 160.83	Payee address; City; State; Zip Code 440 Terry Ave N, Seattle, WA 98109
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) GIFT EXPENSE	Description COINS FOR VETERANS PROGRAM
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>44</b>	2 FILER NAME <b>CONSTABLE CHRIS JONES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>06/13/2024</b>	5 Payee name <b>YOUNG LIFE</b>
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6 Amount (\$) <b>250.00</b>	7 Payee address; City; State; Zip Code <b>33300 EGYPT LN BULDING L 500, MAGNOLIA, TX 77354</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	(b) Description <b>DONATION FOR SUMMER CAMP</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>06/18/2024</b>	Payee name <b>COSTCO</b>
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Amount (\$) <b>1,190.49</b>	Payee address; City; State; Zip Code <b>26960 NORTHWEST FRWY, CYPRESS, TX 77433</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>SUPPLIES FOR COOK TRAILER AND STORAGE BINS FOR STORAGE</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>06/19/2024</b>	Payee name <b>HOUSTON TEXANS</b>
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Amount (\$) <b>376.88</b>	Payee address; City; State; Zip Code <b>8400 Kirby Dr, Houston, TX 77054</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>GIFT/AWARDS EXPENSE</b>	Description <b>TICKETS FOR GIFTS</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>44</b>	<b>2</b> FILER NAME <b>CONSTABLE CHRIS JONES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>06/25/2024</b>	<b>5</b> Payee name <b>EXCEL K9</b>
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<b>6</b> Amount (\$) <b>890.00</b>	<b>7</b> Payee address; <b>39412 CHAMBERS RD, HEMPSTEAD, TX 77445</b>	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>CONTRACT LABOR</b>	<b>(b)</b> Description <b>PATROL DOG TRAINING</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>06/24/2024</b>	Payee name <b>GREATER MAGNOLIA PARKWAY CHAMBER OF COMMERCE</b>
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Amount (\$) <b>1,500.00</b>	Payee address; <b>PO BOX 399, MAGNOLIA, TX 77353</b>	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description <b>CHRISTMAS PARADE</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>06/28/2024</b>	Payee name <b>SOCIETY OF SAMARITANS</b>
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Amount (\$) <b>80.00</b>	Payee address; <b>31355 FRIENDSHIP DR, MAGNOLIA, TX 77355</b>	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description <b>AWARDS BANQUET</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>44</b>	<b>2</b> FILER NAME <b>CONSTABLE CHRIS JONES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>02/21/2024</b>	<b>5</b> Payee name <b>BRANDON STEINMANN</b>
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<b>6</b> Amount (\$) <b>268.61</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO BOX 9357, THE WOODLANDS, TX 77387</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	<b>(b)</b> Description <b>FUNDRAISER DONATION</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/15/2024</b>	Payee name <b>JESSICA BECKETT C/O UNLEASHED ATHLETICS</b>
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Amount (\$) <b>265.00</b>	Payee address; City; State; Zip Code <b>21221 ROBERTS CEMETERY RD, HOCKLEY, TX 77447</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description <b>BASEBALL TEAM DONATION</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/15/2024</b>	Payee name <b>JESSICA BECKETT C/O UNLEASHED ATHLETICS</b>
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Amount (\$) <b>1,500.00</b>	Payee address; City; State; Zip Code <b>21221 ROBERTS CEMETERY RD, HOCKLEY, TX 77447</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION MADE BY OH</b>	Description <b>BASEBALL TEAM DONATION</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 44	<b>2</b> FILER NAME CONSTABLE CHRIS JONES	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 04/22/2024	<b>5</b> Payee name LUPE TORTILLA
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<b>6</b> Amount (\$) 921.88	<b>7</b> Payee address; City; State; Zip Code 22465 TOMBALL PKWY, HOUSTON, TX 77070
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) EVENT EXPENSE	<b>(b)</b> Description FOOD DEPOSIT FOR OFFICE CHRISTMAS PARTY
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/15/2024	Payee name DAVID LEGE
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Amount (\$) 250.00	Payee address; City; State; Zip Code 38923 FM 1774, MAGNOLIA, TX 77355
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description BASEBALL TEAM DONATION
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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