#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / **OFFICEHOLDER** MR CHRISTOPHER M NAME Date Received Y ELECTIONS SUFFIX NICKNAME LAST JONES 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE OFFICEHOLDER PO BOX 52 MAILING MAGNOLIA, TX 77353 **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (281 541-5391 PHONE Receipt # Amount \$ MS / MRS / MR FIRST MI CAMPAIGN **TREASURER MRS MELISSA** Date Processed NAME NICKNAME LAST SUFFIX Date Imaged **JONES** ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: CAMPAIGN TREASURER 22619 BANEBERRY RD **ADDRESS** MAGNOLIA, TX 77355 (Residence or Business) **EXTENSION** 8 CAMPAIGN AREA CODE PHONE NUMBER **TREASURER** PHONE ( 281 989-5699 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Day Year Month Month COVERED 30 25 25 1 THROUGH **ELECTION TYPE ELECTION DATE** 11 ELECTION Primary Runoff Other Day Month Description General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE MONTGOMERY COUNTY PCT 5 CONSTABLE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME CONSTABLE CHRIS	JONES	16 Filer ID (E	Ethics Commission Filers)
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THA PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	\$ \$	4,145.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	222,410.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	4,143.53
	4. TOTAL POLITICAL EXPENDITURES	\$	81,574.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	AST DAY \$	166,757.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	OF THE \$	0.00
req	uired to be reported by me under Title 15, Election Code.  Signature of C	Candidate or Off	ficeholder
	Diseas semplete sither entire heles		
	Please complete either option below	W:	
(1) Affidavit	JENNIFER L. PITTS NOTARY PUBLIC, STATE OF TEXAS Notary ID #135500196 Expires January 31, 2029		
NOTARY STAMP/SEAL			r .
Sworn to and subscribed I	pefore me by Christopher Jones this the	, day	y of July,
A CONTRACTOR OF THE PARTY OF TH	which, witness my hand and seal of office.		•
	es L. Petio		
Signature of officer administer	ing oath Printed name of officer administering oath	Title	of officer administering oath
	OR		
(2) Unsworn Declaratio	n		
My name is	, and my date of birth i	s	
3.1	(street) (city)	(state) (zip c	ode) (country)
Executed in	County, State of , on the day of (mont	th)	) (year)
	Signature of Cand	lidate/Officehold	er (Declarant)

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

	ER NAME ISTABLE CHRIS JONES	20 Filer ID (Ethics Com	nmis	sion Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	135,105.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	83,160.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	4. SCHEDULE E: LOANS		\$	0.00
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			81,574.32
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	0.00
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	0.00
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	0.00
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			0.00

# SCHEDULE F1

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
01/02/2025	Magnolia's Best Storage	A!!	01-1	Zia Carda
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
224.00	37805 FM 1774, Magnolia, TX 77355	-		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Rental Expense	Storage unit fo	or campaign	materials
EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
01/02/2025	Pappasito's Cantina			
Amount (\$)	Payee address;	City;	State;	Zip Code
984.27	18101 I 45 N, Shenandoah, TX 77385			
· · · · · · · · · · · · · · · · · · ·	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Event Expense	Swearing in lu	ıncheon with	constituents
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		***************************************	
01/06/2025	Clearwater Express			
Amount (\$)	Payee address;	City;	State;	Zip Code
59.96	14206 FM 1488 Rd, Magnolia, TX 77354			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Fees	Carwash servi	ce for fleet	
EXPENDITURE				
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living	j expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

## SCHEDULE F1

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

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Salaries/Wages/Contract Labor

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

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CONSTABLE CHRIS JONES 4 Date 5 Payee name 01/10/2025 Greater Magnolia Pkwy Chamber of Commerce 6 Amount (\$) City; Zip Code 7 Payee address; State: 18423 FM 1488 Ste C, Magnolia, TX 77354 850.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Annual banquet donation Contribution made by OH **PURPOSE** OF EXPENDITURE (c) Check If travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 01/18/2025 Greater Magnolia Pkwy Chamber of Commerce Amount (\$) State; Zlp Code Payee address; City: 18423 FM 1488 Ste C, Magnolia, TX 77354 110.00 Description Category (See Categories listed at the top of this schedule) Contribution made by OH Annual banquet donation **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 01/21/2025 Magnolia Hardware Amount (\$) Payee address; City; State; Zip Code 19025 FM 1488 Rd, Magnolia, TX 77355 64.35 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Event Expense Refill propane tanks on cook trailer **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

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

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

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

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

Credit Card Payment	The instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date 01/22/2025	5 Payee name The Angry Elephant			
6 Amount (\$) 260.71	7 Payee address; 7030 FM 1488, Magnolia, TX 77354	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contribution made by OH	(b) Description Donation to Ma	ignolia Area Re	epublican Group
	(c) Check if travel outside of Texas. Complete Schedule T.	eT. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office sought Office held		
Date	Payee name			
01/26/2025	Bosscat			
Amount (\$) 665.91	Payee address; 9595 Six Pines Dr, The Woodlands, TX 77380	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description Dinner with co		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	***************************************	Office held
Date	Payee name			
01/30/2025	Madison McAmis			
Amount (\$) 250.00	Payee address; 20562 Lazy Creek Dr, New Caney, TX 7	City; <b>7357</b>	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Gift Expense	Description Gift donation to	o a constituen	t
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

# SCHEDULE F1

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
02/03/2025	Magnolia's Best Storage	611	01.1	7-0-1-
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
224.00	37805 FM 1774, Magnolia, TX 77355			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	-	
PURPOSE	Rental Expense	Storage unit fo	or campaign n	naterials
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/05/2025	Society of Samaritans			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,000.00	31355 Friendship Dr, Magnolia, TX 77355			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contribution made by OH	Donation to So	OS purse bin	go
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/05/2025	Clearwater Express			
Amount (\$)	Payee address;	City;	State;	Zip Code
59.96	14206 FM 1488 Rd, Magnolia, TX 77354			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Carwash servi	ce for fleet	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	
				D   1414/000E

## SCHEDULE F1

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (other a datage	iy normoted above)
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date 02/11/2025	5 Payee name Shelby Walling	÷		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
250.00	42581 Summer Crest Rd, Magnolia, TX 773	54		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Gift Expense	Gift donation to a constituent		nt
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/12/2025	MHS Baseball			
Amount (\$)	Payee address;	City;	State;	Zip Code
850.00	14350 FM 1488, Magnolia, TX 77354			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation made by OH	Donation to M	1HS Baseball	team
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/12/2025	MWHS Softball			
Amount (\$)	Payee address;	City;	State;	Zip Code
500.00	42202 FM 1774, Magnolia, TX 77354			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation made by OH	Donation to M	WHS Softball	team
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

## SCHEDULE F1

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

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

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

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

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

Salaries/Wages/Contract Labor

Gredit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)	
4 Date 02/13/2025	5 Payee name HEB			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
179.70	7988 FM 1488, Magnolia, TX 77354			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense	Flowers for Valentine's Day celebration at the senior center		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	-		
02/14/2025	Rancho Grande			
Amount (\$)	Payee address;	City;	State; Zip Code	
81.41	18914 FM 1488 Rd, Magnolia, TX 77355			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Food Expense	Meeting with	command staff	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austl	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
02/18/2025	Magnolia Education Foundation			
Amount (\$)	Payee address;	City;	State; Zip Code	
1,200.00	PO Box 55, Magnolia, TX 77353			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation made by OH	Donation to MI	EF Roots event	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDUI F AS NE	-DED	

## SCHEDULE F1

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

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

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

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

Credit Card Payment	The instruction Guide explains how to c	omplete this form.	Osiloi (olikoi di odiog	,
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethic	s Commission Filers)
4 Date 02/18/2025	5 Payee name ShoGun			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
614.72	937 William D Fitch Pkwy, College Station, T	X 77845		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food Expense	Dinner with co	onstituents	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	j expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/19/2025	Texas Top Cop Shop			
Amount (\$)	Payee address;	City;	State;	Zip Code
2,597.99	1109 W Dallas St, Conroe, TX 77301			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gift Expense	Items for dona	ations for con	stituents
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/20/2025	Ruth's Chris Steakhouse			
Amount (\$)	Payee address;	City;	State;	Zip Code
76.00	600 E Market St Grand Hyatt, San Anton	10, 1X 782U5		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food Expense	Dinner with co	nstituents	
	Check If travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

# SCHEDULE F1

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

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

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

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

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date 02/20/2025	5 Payee name Ruth's Chris Steakhouse			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
736.83	600 E Market St Grand Hyatt, San Antonio,	TX 78205		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense	TSPRA award	ls dinner	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/28/2025	Greater Magnolia Parkway Chamber	of Commerce		
Amount (\$)	Payee address;	City;	State;	Zip Code
68.00	18423 FM 1488 Ste C, Magnolia, TX 77354	•		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Fees	Monthly lunch	eon	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/28/2025	Magnolia Lion's Club			
Amount (\$)	Payee address;	City;	State;	Zip Code
250.00	400 Melton St, Magnolia, TX 77354			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation made by OH	Donation to Lie	on's Club ann	ual fundraiser
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	
		******************		

## SCHEDULE F1

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

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

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Palaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (out of District)

Credit Card Payment	The instruction Guide explains how to c	omplete this form.	Other (enter a catego	sty not valed above)
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	s Commission Filers)
4 Date 02/28/2025	5 Payee name W Bradshaw Boney			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,354.14	18333 Egret Bay Blvd # 110, Houston, TX 77	7058		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	-	
PURPOSE OF EXPENDITURE	Event Expense	Mailout invitati	ons for fundr	aiser
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/03/2025	Magnolia's Best Storage			
Amount (\$)	Payee address;	City;	State;	Zip Code
224.00	37805 FM 1774, Magnolia, TX 77355			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Rental Expense	Storage Unit for	or campaign	materials
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/06/2025	Clearwater Express			
Amount (\$)	Payee address;	City;	State;	Zip Code
59.96	14206 FM 1488 Rd, Magnolia, TX 77354			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Carwash servi	ce for fleet	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

# SCHEDULE F1

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

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

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

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

Ordan aymon	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethic	s Commission Filers)
4 Date 03/08/2025	5 Payee name Cavender's Boot			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
253.31	6760 Grand Pkwy , Spring, TX 77389			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense	Jeans for rode	eo event	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	j expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/08/2025	Hill Top Liquor			
Amount (\$)	Payee address;	City;	State;	Zip Code
536.87	3305 TX 36, Gatesville, TX 76528			
	Category (See Categories listed at the top of this schedule)	Description	4-1	
PURPOSE OF EXPENDITURE	Gift Expense	Gifts for const	tituents	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/14/2025	Kids Meals			
Amount (\$)	Payee address;	City;	State;	Zip Code
327.00	33220 Bear Branch Ln, The Woodlands,	TX 77354		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation made by OH	Donation to Ki	ds Meals fund	draiser
	Check if travel outside of Texas. Complete Schedule T.	Check if Austli	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

# SCHEDULE F1

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	s Commission Filers)
4 Date 03/14/2025	5 Payee name Magnolia Hardware			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
10.52	19025 FM 1488 Rd, Magnolia, TX 77355			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense	Propane for co	ook trailer	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name			
03/19/2025	Houston Texans			
Amount (\$)	Payee address;	City;	State;	Zip Code
574.30	2 NRG Park, Houston, TX 77054			
	Category (See Categories listed at the top of this schedule)	Description	,	
PURPOSE OF EXPENDITURE	Gift Expense	Tickets to games f	or constituent gift	s and donations
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/21/2025	USPS			
Amount (\$)	Payee address;	City;	State;	Zip Code
226.00	815 Goodson Rd, Magnolia, TX 77355			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Renewal for Po	O box	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

# SCHEDULE F1

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

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

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

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

Gredit Card Payment	The instruction Guide explains how to o	complete this form.		,
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date 03/22/2025	5 Payee name Kids Meals			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
600.00	33220 Bear Branch Ln, The Woodlands, TX	77354		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Donation made by OH	Donation to fu	ndraisser	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
03/25/2025	Magnolia Apostolic Tabernacle			
Amount (\$)	Payee address;	City;	State;	Zip Code
275.00	18235 FM 1488, Magnolia, TX 77354			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Donation made by OH	Donation to a	nnual bizarre	fundraiser
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/25/2025	The Meating Place			
Amount (\$)	Payee address;	City;	State;	Zlp Code
668.15	41902 FM 1774, Magnolia, TX 77355			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Catering for Mi	r Gullo funera	l service
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OI-	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

## SCHEDULE F1

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

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

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

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

Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Otner (enter a categol	y not listed above)	
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)	
4 Date 03/26/2025	5 Payee name Cameron Gordon				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
250.00	9623 Cedar Lake Ln, Plantersville, TX 7736	3			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	·		
PURPOSE OF EXPENDITURE	Gift Expense	Gift donation t	o a constituer	t	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	(	Office held	
Date	Payee name				
03/26/2025	HEB				
Amount (\$)	Payee address;	City;	State;	Zip Code	
19.96	7988 FM 1488, Magnolia, TX 77354				
W W I W I W I W I W I W I W I W I W I W	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Event Expense	Snacks for op	s team		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	der living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(	Office held	
Date	Payee name				
03/30/2025	Amazon				
Amount (\$)	Payee address;	Ċity;	State;	Zip Code	
29.94	440 Terry Ave N, Seattle, WA 98109				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Event Expense	Fundraiser ma	terials		
	Check if travel outside of Texas. Complete Schedule T.	Check If Austir	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

### SCHEDULE F1

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

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

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

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

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

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

Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CONSTABLE CHRIS JONES 4 Date 5 Payee name 03/30/2025 Magnolia Education Foundation 6 Amount (\$) 7 Payee address; Zip Code City; State: PO Box 55, Magnolia, TX 77353 113.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Donation made by OH Donation to roots event OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 04/01/2025 Amazon Amount (\$) Payee address; City; State: Zip Code 440 Terry Ave N, Seattle, WA 98109 13.93 Category (See Categories listed at the top of this schedule) Description **Event Expense** Fundraiser materials PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 04/02/2025 Magnolia Event Center Amount (\$) Payee address; Zip Code City; State: 11659 FM 1488 Rd, Magnolia, TX 77354 3,375.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Event Expense Deposit for fundraiser venue OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

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

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidact/Original Programmer
Contributions/Donations Made Committee

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	011,01 (01.10) = 00.10	,
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date 04/02/2025	5 Payee name Magnolia's Best Storage			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
224.00	37805 FM 1774, Magnolia, TX 77355			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Rental Expense	Storage for ca	mpaign mate	rials
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
04/05/2025	Southern Heritage Consulting			
Amount (\$)	Payee address;	City;	State;	Zip Code
3,000.00	PO Box 558, Pinehurst, TX 77362			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Fundraiser co	ordinator	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/06/2025	Clearwater Express			
Amount (\$)	Payee address;	City;	State;	Zip Code
59.96	14206 FM 1488 Rd, Magnolia, TX 773	354		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Carwash servio	ce for fleet	
	Check If travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name ใ	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

# SCHEDULE F1

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

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

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

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

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics I	Commission Filers)
4 Date 04/04/2025	5 Payee name Saddle River Range			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
671.14	4280 FM 1488, Conroe, TX 77384			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Donation made by OH	Donation to TA	AFR fundraiser	•
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	C	Office held
Date	Payee name			
04/07/2025	Amazon			
Amount (\$)	Payee address;	City;	State;	Zip Code
21.44	440 Terry Ave N, Seattle, WA 98109			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising Expense	Supplies for fu	undraiser	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	C	iffice held
Date	Payee name			
04/07/2025	Chimy's			
Amount (\$)	Payee address;	City;	State;	Zip Code
207.27	203 University Dr, College Station, TX	C 77840		
Market 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food Expense	Dinner with co	nstituents	
	Check if travel outside of Texas, Complete Schedule T.	Check If Austl	n, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	(	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

## SCHEDULE F1

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

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

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

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

Credit Gard Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethic	Gommission Filers)
4 Date	5 Payee name			
04/08/2025	Amazon			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
163.80	440 Terry Ave N, Seattle, WA 98109			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fundraising Expense	Fundraiser sup	oplies	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/09/2025	Magnolia Cowboy Church			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,000.00	23247 Glenmont Estates Blvd, Magno	olia, TX 77355		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Donation made by OH	Donation to ar	nnual fundrais	ser
OF EXPENDITURE				
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder fiving	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/11/2025	Magnolia Hardware		·	
Amount (\$)	Payee address;	City;	State;	Zip Code
19.25	19025 FM 1488 Rd, Magnolia, TX 773	355		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Supplies for fur	ndraiser	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	ı, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS:	SCHEDULE AS NEE	DED	

## SCHEDULE F1

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to d	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
04/11/2025	Magnolia ISD			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
500.00	31141 Nichols Sawmill Rd, Magnolia,	TX 77355		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Donation made by OH	Donation for te	eacher banque	et
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name		······································	
04/11/2025	Maurice Marasigan			
Amount (\$)	Payee address;	City;	State;	Zip Code
276.69	PO Box 558, Pinehurst, TX 77362			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Photographer	for fundraiser	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
04/11/2025	Oh, One More			
Amount (\$)	Payee address;	City;	State;	Zip Code
541.25	27085 Mock Ln, Montgomery, TX 773	356		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Balloon decor t	for fundraiser	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austli	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	
	**************************************	<del></del>		

## SCHEDULE F1

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

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M The Instruction Guide explains how to c	ages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2025	5 Payee name The Meating Place		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
28.69	41902 FM 1774, Magnolia, TX 77355		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food Expense	Command Sta	ff lunch
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	******	
04/14/2025	Safe Haven Baby Boxes		
Amount (\$)	Payee address;	City;	State; Zip Code
2,500.00	302 Magnolia Blvd, Magnolia, TX 773	355	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Donation made by OH	Donation for sa	afe baby boxes
EXPENDITURE			
	Check if travel outside of Texas, Complete Schedule T.	Check If Austin	n, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/15/2025	Greater Magnolia Parkway Chamber		
Amount (\$)	Payee address;	City;	State; Zip Code
600.00	18423 FM 1488 Ste C, Magnolia, TX	77354	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Membership D	ues
	Check If travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

## SCHEDULE F1

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

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

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

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

Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to d	omplete this form.		•
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date 04/16/2025	5 Payee name 2920 Roadhouse			· · · · · · · · · · · · · · · · · · ·
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
386.64	21835 FM 2920, Hockley, TX 77447			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food Expense	Dinner with co	nstituents	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/17/2025	Photo Junkies			
Amount (\$)	Payee address;	City;	State;	Zip Code
450.00	32590 Reids Prairie Rd, Waller, TX 7	7484		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Photo booth fo	or fundraiser	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	ı	Office held
Date	Payee name			
04/17/2025	Rancho Grande			
Amount (\$)	Payee address;	City;	State;	Zip Code
164.02	18914 FM 1488 Rd, Magnolia, TX 773	355		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food Expense	Command Star	ff lunch	
	. Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

## SCHEDULE F1

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

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

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

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

Printing Expense Salaries/Wages/Contract Labor Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (orders a steepen uset listed choice)

Solicitation/Fundraising Expense

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	, ,	
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)		
4 Date 04/17/2025	5 Payee name Rancho Grande			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
275.24	18914 FM 1488 Rd, Magnolia, TX 77	355		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food Expense	Command Sta	aff lunch	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/18/2025	The Bees Knees			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,975.71	30310 Charlie Ln, Magnolia, TX 7735	55		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Event Expense	Fundraiser De	cor	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		_	
04/18/2025	Southern Heritage Consulting			
Amount (\$)	Payee address;	City;	State;	Zip Code
6,597.70	PO Box 558, Pinehurst, TX 77362			
, .	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Fundraiser Co	ordinator	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

## SCHEDULE F1

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

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

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

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

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The instruction Guide explains how to c	omplete this form.	•	,
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
04/22/2025	Lake Conroe Area Republican Wome			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,005.00	PO Box 737, Montgomery, TX 77356			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Donation made by OH	Donation for a	nnual fundrai	ser
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/24/2025	Rancho Grande			
Amount (\$)	Payee address;	City;	State;	Zip Code
60.19	18914 FM 1488 Rd, Magnolia, TX 773	355		
<u>, , , , , , , , , , , , , , , , , , , </u>	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Food Expense	Dinner with co	onstituents	
EXPENDITURE				
;	Chack if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/26/2025	JRI			
Amount (\$)	Payee address;	City;	State;	Zip Code
660.00	PO Box 698, Magnolia, TX 77353	·		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation made by OH	Golf tourname	nt donation	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS:	SCHEDULE AS NEI	EDED	

## SCHEDULE F1

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

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Office-holder/Political Committee

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

Credit Gard Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethic	cs Commission Filers)
4 Date	5 Payee name		<u></u>	
04/28/2025	Chimy's	··		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
144.55	203 University Dr, College Station, TX	〈 <b>77840</b>		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food Expense	Dinner with co	nstituents	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name	,		
04/28/2025	Double Dave's			
Amount (\$)	Payee address;	City;	State;	Zip Code
420.35	3505-A Longmire Dr, College Station,	TX 77845		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Food Expense	Dinner with co	nstituents	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder fivin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/28/2025	Spirit Outlet			
Amount (\$)	Payee address;	City;	State;	Zip Code
388.19	37129 FM 1774, Magnolia, TX 77355			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gift/Awards Expense	Gifts for constit	tuents	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	1444, 1444, 1444, 1444, 1444, 1444, 1444, 1444, 1444, 1444, 1444, 1444, 1444, 1444, 1444, 1444, 1444, 1444, 144	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	EDED	

# SCHEDULE F1

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

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Gulde explains how to c	omplete this form.			
1 Total pages Schedule F1	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)	
4 Date 04/29/2025	5 Payee name Greater Magnolia Parkway Chamber	of Commerce			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
150.00	18423 FM 1488 Ste C, Magnolia, TX	( 77354 			
8	(a) Category (See Categories fisted at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fees	Membership fe	9es		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held			
Date	Payee name			· · · · ·	
04/29/2025	Magnolia Historical Society				
Amount (\$)	Payee address;	City;	State;	Zip Code	
250.00	426 Melton St, Magnolia, TX 77354				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Donation made by OH	Donation for renaming highway			
	Check if travel outside of Texas. Complete Schedule T.	Check If Austli	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
05/01/2025	Amazon				
Amount (\$) 169.91	Payee address; 440 Terry Ave N, Seattle, WA 98109	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Office Overhead	Office supplies			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		
				Daviord 4/4/2025	

# SCHEDULE F1

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

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

Gledit Gald Paymont	The Instruction Guide explains how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethi	cs Commission Filers	)
4 Date	5 Payee name				
05/01/2025	Amazon				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
176.32	440 Terry Ave N, Seattle, WA 98109				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Office Overhead	Office supplies			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livir	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
05/02/2025	Magnolia's Best Storage				
Amount (\$)	Payee address;	City;	State;	Zip Code	
224.00	37805 FM 1774, Magnolia, TX 77355	;			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Rental Expense	Storage for campaign supplies			i
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livin	ng expense	
Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
05/02/2025	Premier Beverage				
Amount (\$)	Payee address;	City;	State;	Zip Code	
920.08	13080 TX 105, Conroe, TX 77304				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Event Expense	Bar set up for f	undraiser		
	Check if travel cutside of Texas. Complete Schedule T.	Check if Austin	n, TX, afficeholder livir	ng expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

## SCHEDULE F1

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

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

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

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

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

Salaries/Wages/Contract Labor

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

Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
05/03/2025	Constable Gable			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
100.00	PO Box 130966, Spring, TX 77393			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contribution made by OH	Donation for a	annual fundraiser	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
05/03/2025	Constable Gable			
Amount (\$)	Payee address;	City;	State; Zip Code	
600.00	PO Box 130966, Spring, TX 77393			
· · · · · · · · · · · · · · · · · · ·	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Contribution made by OH	Golf tournament donation		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
05/05/2025	Christian Vocanegra			
Amount (\$)	Payee address;	City;	State; Zip Code	
350.00	5 Huntington Woods Estates Dr, Ton	nball, TX 77377		
·	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Office Paint		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED .	

## SCHEDULE F1

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

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

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

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

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	(	
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethio	s Commission Filers)
4 Date 05/05/2025	5 Payee name St Matthias Catholic Church			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,800.00	302 Magnolia Blvd, Magnolia, TX 773	355		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Donation made by OH	Donation to ar	nnual fundrais	ser
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austi	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/06/2025	Amazon			
Amount (\$)	Payee address;	City;	State;	Zip Code
6.42	440 Terry Ave N, Seattle, WA 98109			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Overhead	Office supplies	<b>S</b>	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/06/2025	Clearwater Express			
Amount (\$)	Payee address;	City;	State;	Zip Code
65.96	14206 FM 1488 Rd, Magnolia, TX 773	354		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Carwash servi	ce for fleet	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	-	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

## SCHEDULE F1

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

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

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to d	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date 05/06/2025	5 Payee name Katie's Seafood		
6 Amount (\$) 357.68	7 Payee address; 2000 Wharf Rd, Galveston, TX 77550	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense	(b) Description Command staf	f dinner
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/06/2025	HEB		
Amount (\$) 96.26	Payee address; 7988 FM 1488, Magnolia, TX 77354	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense	Description Dessert for fur	ndraiser
i	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/07/2025	Proforma		
Amount (\$) 1,358.00	Payee address; 8800 E Pleasant Valley Rd, Cleveland	City; d, OH 44131	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	, , , , , , , , , , , , , , , , , , , ,
PURPOSE OF EXPENDITURE	Advertising Expense	Campaign shirt	S
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

# SCHEDULE F1

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date 05/07/2025	5 Payee name Proforma	·		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
5,203.58	8800 E Pleasant Valley Rd, Clevelan	d, OH 44131		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Campaign hat	<b>S</b>	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	<del></del>		· · · · · · · · · · · · · · · · · · ·
05/08/2025	Amazon			
Amount (\$)	Payee address;	City;	State;	Zip Code
16.08	440 Terry Ave N, Seattle, WA 98109			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Overhead	Supplies for of	ffice	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder fiving	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	(	Office held
Date	Payee name			
05/12/2025	Academy			
Amount (\$)	Payee address;	City;	State;	Zìp Code
440.55	14221 FM 2920, Tomball, TX 77377			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Tents and supp	olies for event	S
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	
~~···				

## SCHEDULE F1

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

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

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

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

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

Solicitation/Fundralsing Expense

Credit Card Payment	The instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date 05/12/2025	5 Payee name Jacoby's Cafe			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
139.32	201 N Noyes Ave, Melvin, TX 76858			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food Expense	Dinner with co	nstituents	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		· · · · · · · · · · · · · · · · · · ·	
05/12/2025	Jacoby's Cafe			•
Amount (\$)	Payee address;	City;	State;	Zip Code
217.62	201 N Noyes Ave, Melvin, TX 76858			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food Expense	Dinner with constituents		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austli	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			,
05/14/2025	Melisa Miller			
Amount (\$)	Payee address;	City;	State;	Zip Code
500.00	PO Box 2985, Conroe, TX 77305			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contribution made by OH	Donation to an	nual fundrais	er 
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY If direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

## SCHEDULE F1

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

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

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

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

	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethic	s Commission Filers)
4 Date 05/15/2025	5 Payee name Rancho Grande			
6 Amount (\$)		Cit	Chatai	Zin Code
	7 Payee address;	City;	State;	Zip Code
251.11	18914 FM 1488 Rd, Magnolia, TX 77	355		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food Expense	Command stat	ff lunch	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	j expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/16/2025	Amazon			
Amount (\$)	Payee address;	City;	State;	Zip Code
30.34	440 Terry Ave N, Seattle, WA 98109			
	Category (See Categories listed at the top of this schedule)	Description		***
PURPOSE OF EXPENDITURE	Office Overhead	Office supplies	5	
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/17/2025	Houston Texans			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,283.60	2 NRG Park, Houston, TX 77054			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gift/Award Expense	Tickets for cons	stituent gifts a	and donations
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

# SCHEDULE F1

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

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

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

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

Printing Expense | Fravel In District |
Printing Expense | Travel Out Of District |
Salaries/Wages/Contract Labor |
Other (enter a category not listed above)

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	•	
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethic	s Commission Filers)
4 Date 05/18/2025	5 Payee name Magnolia Hardware			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
11.55	19025 FM 1488 Rd, Magnolia, TX 77	355		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense	Parts for cook	trailer	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	,		
05/19/2025	Premier Beverage			
Amount (\$)	Payee address;	City;	State;	Zip Code
641.50	13080 TX 105, Conroe, TX 77304			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Bar Tending s	ervice for fun	draiser
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/21/2025	Magnolia Event Center			
Amount (\$)	Payee address;	City;	State;	Zip Code
3,575.00	11659 FM 1488 Rd, Magnolia, TX 77	354		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Fundraiser Ver	nue fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austli	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

## SCHEDULE F1

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

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

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

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

Printing Expense
Printing Expense
Salaries/Wages/Contract Labor

Gredit Card Payment	The Instruction Guide explains how to c	omplete this form.	,	
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	s Commission Filers)
4 Date 05/28/2025	5 Payee name Rancho Grande			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
42.11	18914 FM 1488 Rd, Magnolia, TX 77	355		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food Expense	Command star	ff lunch	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livling	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought		Office held
Date	Payee name			
05/31/2025	HEB			
Amount (\$)	Payee address;	City;	State;	Zip Code
208.74	7988 FM 1488, Magnolia, TX 77354			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Food donation	for MISD Re	eading jubilee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
06/02/2025	City Liquor			
Amount (\$)	Payee address;	City;	State;	Zip Code
170.35	2450 Lake Rd, Dyersburg, TN 38024			
	Category (See Categories listed at the top of this schedule)	Description		<del></del>
PURPOSE OF EXPENDITURE	Gift Expense	Gifts for constit	tuents	
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

#### SCHEDULE F1

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

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

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

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

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

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

Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME CONSTABLE CHRIS JONES 4 Date 5 Payee name 06/02/2025 City Liquor 6 Amount (\$) City; 7 Payee address; State: Zip Code 2450 Lake Rd, Dyersburg, TN 38024 658.75 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Gifts for contituents Gift Expense **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Magnolia's Best Storage 06/02/2025 Amount (\$) Zip Code Payee address; City: State: 37805 FM 1774, Magnolia, TX 77355 224.00 Category (See Categories listed at the top of this schedule) Description Rental Expense Storage for campaign materials **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 06/04/2025 Ashton Hedrick Campaign Amount (\$) Payee address; Zip Code City; State: PO Box 51, Magnolia, TX 77353 40.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contribution made by OH tickets to fundraiser EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE F1

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

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees
Food/Beverage Expense
Glft/Awards/Memorials Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense

Polling Expense Printing Expense

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V  The Instruction Guide explains how to c	vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date 06/04/2025	5 Payee name Ashton Hedrick Campaign		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1,000.00	PO Box 51, Magnolia, TX 77353		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contribution made by OH	Donation to fu	ndraiser
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
06/05/2025	High Meadow Ranch Golf		
Amount (\$)	Payee address;	City;	State; Zip Code
24.31	37300 Golf Club Trail, Magnolia, TX	77355	
, , , , , , , , , , , , , , , , , , , ,	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Food Expense	Lunch with co	ntituents
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
06/05/2025	MHS Band Booster Club		
Amount (\$)	Payee address;	City;	State; Zip Code
257.50	14350 FM 1488, Magnolia, TX 77354		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Donation made by OH	Donation to ba	and booster club
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

# SCHEDULE F1

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

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	·	
1 Total pages Schedule F1	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
06/05/2025	Chade Jordan			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,750.00	PO Box 222, Magnolia, TX 77353			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Donation made by OH	Baseball dona	ation	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Ausi	tin, TX, officeholder living	expanse
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
06/06/2025	Billy Masden Campaign			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,670.00	PO Box 77, Magnolia, TX 77353			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contribution made by OH	Donation to fundraiser		
	Check if travel outside of Texas. Complete Schedule T.	Check If Aust	lin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
06/07/2025	Amazon			
Amount (\$)	Payee address;	City;	State;	Zip Code
102.83	440 Terry Ave N, Seattle, WA 98109			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Expense	Office supplies	s for office ren	nodel
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

# SCHEDULE F1

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

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

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

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

Printing Expense Salaries/Wages/Contract Labor

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

Candidate/Officeholder/Politic Credit Card Payment	•	Vages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
06/09/2025	Clearwater Express		`
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
49.47	14206 FM 1488 Rd, Magnolia, TX 77	'354	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees	Carwash servi	ice for fleet
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
06/10/2025	B Signs		
Amount (\$)	Payee address;	City;	State; Zip Code
483.58	4239 Earnings Way, New Albany, IN	47150	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Donation made by OH		new historical marker
	Check If travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
06/10/2025	Proforma		
Amount (\$)	Payee address;	City;	State; Zip Code
343.01	8800 E Pleasant Valley Rd, Clevelan	d, OH 44131	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising expense	Koozies for car	mpaign
	Check if travel outside of Texas. Complete Schedule T.	Check if Austl	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

# SCHEDULE F1

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

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

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Cald Payment	The Instruction Guide explains how to d	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	s Commission Filers)
4 Date 06/11/2025	5 Payee name AT&T			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
277.14	PO Box 5014, Carol Stream, IL 6019	7		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Office Overhead	Phone paymer	nt	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		· · · · · · · · · · · · · · · · · · ·	
06/13/2025	Govx.com			
Amount (\$)	Payee address;	City;	State;	Zip Code
287.33	9191 Towne Centre Dr Ste 210, San	Diego, CA 9212	22	
, , , , , , , , , , , , , , , , , , , ,	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Uniform gear		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	ı expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
06/14/2025	Amazon			
Amount (\$)	Payee address;	City;	State;	Zlp Code
13.93	440 Terry Ave N, Seattle, WA 98109			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Expense	Supplies for off	fice remodel	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

# SCHEDULE F1

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

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
06/14/2025	Amazon			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
37.50	440 Terry Ave N, Seattle, WA 98109			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Office Expense	Supplies for of	fice remodel	
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
06/14/2025	Amazon			
Amount (\$)	Payee address;	City;	State;	Zip Code
69.66	440 Terry Ave N, Seattle, WA 98109			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Office Expense	Supplies for of	ffice remodel	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(	Office held
Date	Payee name			
06/14/2025	Amazon			
Amount (\$)	Payee address;	City;	State;	Zlp Code
32.16	440 Terry Ave N, Seattle, WA 98109			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Expense	Supplies for of	fice remodel	
	Check if travel outside of Texas. Complete Schedule T.	Check If Austi	n, TX, officeholder living	expense
Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name i	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	D-vid 4/4/2005

# SCHEDULE F1

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

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
06/18/2025	Timeless Interiors			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
3,500.00	5 Huntington Woods Estates Dr, Ton	nball, TX 77377		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contract Labor	Contractor for o	office remode	əl 
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
06/19/2025	Magnolia Hardware			
Amount (\$)	Payee address;	City;	State;	Zip Code
113.63	19025 FM 1488 Rd, Magnolia, TX 77	355		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Propane for cook trailer		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
06/21/2025	Gianna's Italian Kitchen			
Amount (\$)	Payee address;	City;	State;	Zip Code
76.83	28301 TX 249, Tomball, TX 77375	,		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food Expense	Lunch with cons	stituent	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEL	DED	

# SCHEDULE F1

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

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Sollcitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	,	,
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethic	s Commission Filers)
4 Date 06/24/2025	5 Payee name Amazon			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
70.33	440 Terry Ave N, Seattle, WA 98109			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Office Overhead	Office remode	l supplies	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
06/25/2025	Amazon			
Amount (\$)	Payee address;	City;	State;	Zip Code
12.87	440 Terry Ave N, Seattle, WA 98109			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Overhead	Office remode	l supplies	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
06/25/2025	Amazon			
Amount (\$) 135.11	Payee address; 440 Terry Ave N, Seattle, WA 98109	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		<u> </u>
PURPOSE OF EXPENDITURE	Office Overhead	office remodel	supplies	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

# SCHEDULE F1

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

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	, , , , , , , , , , , , , , , , , , ,	•
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
06/29/2025	Amazon			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
26.80	440 Terry Ave N, Seattle, WA 98109			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Office Overhead	Office supplies	3	
OF EXPENDITURE				
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
06/30/2025	Kedra Brown			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,500.00	28233 Eagle Cove, Magnolia, TX 773	55		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Fundraising Expense	Fundraiser live	e auction	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
01/30/2025	MWHS Baseball			
Amount (\$)	Payee address;	City;	State;	ZIp Code
500.00	42202 FM 1774, Magnolia, TX 77354			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Donaton made by OH	Donation to ba	seball team	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	:DED	

# SCHEDULE F1

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

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

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Dolling Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a categor	y not listed above)
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date 02/15/2025	5 Payee name Family Promise of Montgomery Cour	nty		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,250.00	PO Box 692, Conroe, TX 77305			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Donation made by OH	Annual fundra	iser donation	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(	Office held
Date	Payee name			
02/11/2025	MWHS Baseball			
Amount (\$)	Payee address;	City;	State;	Zip Code
158.00	42202 FM 1774, Magnolia, TX 77354			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Donation made by OH	Donation to ba	aseball team	
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check If Austi	n, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

# SCHEDULE A1

If the reques	sted information is not applicable, <b>DO NOT i</b>	nclude this page in the i	report.
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME CONSTAI	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
02/27/2025	6 Contributor address; City; 26386 Jacks Barn Rd, Montgo	State; Zip Code	2,500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
03/25/2025	Contributor address; City;	State; Zip Code	2,500.00
Principal occup	PO Box 8793, The Woodlands	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PA  Alan Wright	C (ID#:)	Amount of contribution (\$)
03/25/2025	Contributor address; City; 19802 Indigo Lake Dr, Magnoli	State; Zip Code a, TX 77355	2,500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PA  Mark Hermann Campaign	C (ID#:)	Amount of contribution (\$)
02/27/2025	Contributor address; City;	State; Zip Code	1,500.00
Principal occup	18482 Kuykendahl Rd, Spring,	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

# SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 21
2 FILER NAME CONSTAI	BLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  David Weber	7 Amount of contribution (\$)
02/27/2025	6 Contributor address; City; State; Zip Code 37723 Parkway Oaks Ln, Magnolia, TX 77355	1,500.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
02/27/2025	Steve Anderson  Contributor address; City; State; Zip Code  710 S Frazier St, Conroe, TX 77301	500.00
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)  Chopin Kiang	Amount of contribution (\$)
02/27/2025	Contributor address; City; State; Zip Code 11826 Live Oak Dr, Magnolia, TX 77354	500.00
Principal occur	eation / Job title (See Instructions). Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
02/27/2025	Wayne Mack Campaign  Contributor address; City; State; Zip Code  PO Box 2234, Conroe, TX 77305	500.00
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE A1

if the reques	sted information is not applicable, <b>DO NOT inclu</b>	de this page in the r	eport.
The	Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1:
2 FILER NAME CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (IDA Donnie Buckalew	<i>!</i> :)	7 Amount of contribution (\$)
02/27/2025	6 Contributor address; City; 5 PO Box 500, Conroe, T	State; Zip Code	500.00
8 Principal occu	pation / Job title (See Instructions)  9	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#	<i>t</i> :	Amount of contribution (\$)
02/27/2025	•••••••••••••••••••••••••••••••••••••••	State; Zip Code  X 77353	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 03/25/2025	Full name of contributor out-of-state PAC (ID#	(:)	Amount of contribution (\$)
03/23/2023	Contributor address; City; s 38923 FM 1774, Magnolia, TX 77	State; Zip Code	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of contribution (\$)
03/25/2025		State; Zip Code a, TX 77355	500.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL CODIES OF T		EDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE A1

If the reques	sted information is not applicable, DO NOT inclu	ıde this page in the r	eport.
The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1:
2 FILER NAME CONSTAI	BLE CHRIS JONES		3 Filer iD (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Johnny Mancuso		7 Amount of contribution (\$)
02/27/2025	6 Contributor address; City; 8223 CR 302, Plantersville, TX 7	State; Zip Code	250.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of contribution (\$)
02/27/2025		State; Zip Code TX 77362	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of contribution (\$)
02/27/2025	Contributor address; City; 510 Hwy 75 N, Willis, T	State; Zlp Code X 77378	250.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of contribution (\$)
03/07/2025	Nancy Johnston  Contributor address; City; State; Zlp Code		250.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE A1

ii iiie reques	sted information is not applicable, DO NOT include	de this page in the re	эрогт.
The	instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1:
2 FILER NAME CONSTAI	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: ABRI Services DBA		7 Amount of contribution (\$)
03/13/2025	6 Contributor address; City; s PO Box 120, Pinehurst, T	tate; Zip Code <b>77362</b>	250.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)
03/25/2025	Contributor address; City; S 15208 Moonlight Trail, Conroe, TX	tate; Zip Code  < 77384	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
Date 03/25/2025	•	omen tate; Zip Code	Amount of contribution (\$)  250.00
Principal occup	PO Box 737, Montgomery,TX 773	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)
02/27/2025		tate; Zip Code	200.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ns)

## SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include	this page in the re	port.
The	Instruction Guide explains how to complete this form.	1	Total pages Schedule A1:
2 FILER NAME CONSTA	BLE CHRIS JONES	3	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)
04/04/2025	6 Contributor address; City; State		5,000.00
	31 Los Encinos, Magnolia, TX 7735	4	
8 Principal occu	pation / Job title (See Instructions)  9 Er	nployer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
04/04/2025	Lindsey Kasprzak		250.00
0-1/0-1/2020	Contributor address; City; State	e; Zip Code	250.00
	27 Grand Regency Circle, The Woodlands	s, TX 77382	
Principal occup	ation / Job title (See Instructions)	nployer (See Instruction	is)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
04/04/2025	John Chamberlain		0000
0 110 1120	Contributor address; City; State 28352 Forest Green Dr, Magnolia, 7	; Zlp Code X 77355	250.00
Principal occup		nployer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
04/04/0005	Betty Vairin		<b>-</b> 0000
04/04/2025	Contributor address; Clty; State	; Zip Code	500.00
	616 Castlewood Cove Ln, Pinehurst, TX 7	7362	000100
Principal occup	ation / Job title (See Instructions) En	nployer (See Instruction	ns)
	ATTAQUADDITIONAL CODICO OF TUR		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE A1

If the reques	ted information is not applicable, <b>D</b>	O NOT in	clude this page in the	report.
The	Instruction Guide explains how to co	mplete this	form.	1 Total pages Schedule A1:
2 FILER NAME CONSTAI	BLE CHRIS JONES			3 Filer ID (Ethlos Commission Filers)
4 Date	Glen Vairin		(ID#:)	7 Amount of contribution (\$)
04/04/2025	6 Contributor address; Contrib	City;	State; Zip Code	500.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date		ıt-of-state PAC	(ID#:)	Amount of contribution (\$)
04/06/2025	Bobby Hartman  Contributor address; Contributor add	rst, TX	State; Zip Code	1,000.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instructi	ons)
Date 04/10/2025	Ken Walling	it-of-state PAC Sity;	State; Zip Code	Amount of contribution (\$) 500.00
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	ions)
Date		it-of-state PAC	(ID#:)	Amount of contribution (\$)
04/10/2025	Contributor address; C	ring,	State; Zip Code TX 77388	1,500.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE A1

if the reques	sted information is not applicable, DO NOT include this page in the	report.
The	Instruction Gulde explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME CONSTA	BLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Emerge Services, LLC	7 Amount of contribution (\$)
04/10/2025	6 Contributor address; City; State; Zlp Code 12400 Rose Rd, Willis, TX 77378	500.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
04/10/2025	The Blair Law Firm  Contributor address; City; State; Zip Code	250.00
Principal occup	7 Grogans Mill Park Dr, The Woodlands, TX 77380  Dation / Job title (See Instructions)  Employer (See Instructions)	utions)
Date	Full name of contributor out-of-state PAC (ID#;)	Amount of contribution (\$)
04/10/2025	Linebarger Goggan Blair & Sampson, LLP  Contributor address; City; State; Zlp Code  PO Box 17428, Austin, TX 78750	500.00
Principal occuj	pation / Job title (See Instructions)  Employer (See Instructions)	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
04/10/2025	Contributor address; City; State; Zip Code	160.00
Principal occup	38923 FM 1774, Magnolia, TX 77355  Dation / Job title (See Instructions)  Employer (See Instruc	ptions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE A1

If the reque	sted information is not applicable	e, <b>DO NOT i</b> n	clude this page in the	report.
The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME CONSTA	BLE CHRIS JONES			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Dona Hunt	out-of-state PAC (ID#:)  City; State; Zip Code		7 Amount of contribution (\$)
04/10/2025	6 Contributor address;			205.00
	17803 Rolling Hills Dr	, wagnon	a, 1 × 7 7 3 3 4	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA(	C (ID#:)	Amount of contribution (\$)
04/10/2025	Dwayne Maracantel	·		E 200 00
	Contributor address;	City;	State; Zip Code	5,200.00
	26202 Crown Ct, Mon	tgomery,	TX 77316	·
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
0.4.4.0.10005	Chad Walling			
04/10/2025	Contributor address;	City;	State; Zip Code	2,100.00
	9150 Cedar Bend Ln, Plantersville, TX 77363			
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
0.4/4.0/0005	The Meating Place, LLC			
04/10/2025	Contributor address;	City;	State; Zip Code	4,600.00
	41902 FM 1774, Mag	nolia, TX	77354	.,000.00
Principal occupation / Job title (See Instructions) Employer (See Instruc			tions)	
<del></del>				White is a second secon

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this	page in the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME CONSTA	BLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor out-of-state PAC (ID#:  Clyde Hunt	
04/10/2025	6 Contributor address; City; State; Z	340.00
	17803 Rolling Hills Dr, Magnolia, TX 77	
8 Principal occu	pation / Job title (See Instructions)  9 Employe	er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/10/2025	James Bell	200.00
•		
	31318 Cripple Creek, Magnolia, TX 773	
Principal occur	eation / Job title (See Instructions) Employe	r (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/10/2025	Mark Keough Campaign	500.00
	Contributor address; City; State; Z	000.00
	26 Woodmere Place, The Woodlands, TX 773	
Principal occup	eation / Job title (See Instructions) Employe	or (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
04/10/2025	Spencer Graham	0.005.00
0 / 0 0_ 0	Contributor address; City; State; Zi	2,020.00
	33920 Old Hempstead Rd, Magnolia, TX 7735	
Principal occup	eation / Job title (See Instructions) Employe	r (See Instructions)
······································		
		•

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE A1

If the reques	sted information is not applicable, <b>DO NOT inc</b>	lude this page in the r	eport.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME CONSTA	BLE CHRIS JONES		3 Flier ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC David Frey	(ID#:)	7 Amount of contribution (\$)
04/10/2025	6 Contributor address; City; 16134 Parish Hall Dr, Spring, T	State; Zip Code	1,500.00
8 Principal occu		9 Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC  Amolfo Rodriguez	(10#:)	Amount of contribution (\$)
04/10/2025	Contributor address; City; 26398 Jacks Barn Rd, Montgom	State; Zip Code nery, TX 77316	2,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
05/19/2025	Friends of Cecil Bell Jr  Contributor address; City; State; Zip Code  PO Box 819, Magnolia, TX 77353		250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	1D#:)	Amount of contribution (\$)
05/19/2025	Bob Lindley  Contributor address; City;  37022 Sulphur Branch Bend, Magnol	State; Zip Code	500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE A1

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

n ale reque	sted Information is not applicable	o, do Roi II	rolling tille bage til tile	Topora
The	Instruction Guide explains how to	o complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME CONSTA	BLE CHRIS JONES			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Sara Ortwein	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
03/22/2025	6 Contributor address; 28222 Canyon View,	c <sub>ity;</sub> Magnolia	State; Zip Code , TX 77355	2,500.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor Anthony Cooley	out-of-state PA	C (ID#:)	Amount of contribution (\$)
04/02/2025	Contributor address; City; State; Zlp Code 11649 CR 302, Plantersville, TX 77363		2,500.00	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)  Ben Herman		Amount of contribution (\$)	
03/04/2025	Contributor address; 13910 Alice Rd,	сіту; Tombal	State; Zip Code	1,500.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor  Dale Bible	out-of-state PA	C (ID#:)	Amount of contribution (\$)
03/04/2025	Contributor address; 18640 FM 1488, Mag	city; Inolia, TX	State; Zip Code	500.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDITIO	NAL COPIES	OF THIS SCHEDULE AS N	EEDED

## SCHEDULE A1

if the reques	ted information is not applicable, DO NOT Incl	lude this page in the i	report.
The	Instruction Guide explains how to complete this i	1 Total pages Schedule A1:	
2 FILER NAME CONSTAI	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (I	) 	7 Amount of contribution (\$)
03/22/2025	6 Contributor address; City;	State; Zip Code	500.00
	6907 Crockett Ct, Montgomery,		
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	·	D#:)	Amount of contribution (\$)
03/22/2025	Joel English		500.00
·	Contributor address; City; 40519 Manor Dr, Magnolia, TX 7	State; Zlp Code	500.00
Principal occur	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	· .	D#:)	Amount of contribution (\$)
03/27/2025	Grey Wilkinson		500.00
	Contributor address; City; 28243 Meadow Forest, Magnolia	State; Zip Code a, TX 77355	500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
02/25/2025	Terry Colburn  Contributor address; City;	State; Zip Code	250.00
	23574 Weeren Rd, Montgomery	, TX 77316	200.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE A1

If the reque	sted information is not applicable, <b>DO NOT include</b>	this page in the rep	oort.
The	Instruction Guide explains how to complete this form.	1	Total pages Schedule A1:
2 FILER NAME CONSTA	BLE CHRIS JONES	3	Filer ID (Ethics Commission Filers)
4 Date 03/10/2025	5 Full name of contributor out-of-state PAC (ID#:	e; Zlp Code	Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)  9 Er	nployer (See Instruction	s)
Date 03/14/2025	Full name of contributor out-of-state PAC (ID#: Frank Parker  Contributor address; City; State 31602 Hanks Rd, Magnolia, TX 773	e; Zip Code	Amount of contribution (\$)  250.00
Principal occup	eation / Job title (See Instructions)	nployer (See Instruction	s)
Date 03/15/2025	Full name of contributor out-of-state PAC (ID#: Thomas Teale  Contributor address; City; State 22303 Cindy Lynn Ln, Magnolia, TX	; Zip Code	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)	 nployer (See Instruction	s)
Date 03/17/2025	Full name of contributor  Laurie Clifton  Contributor address;  City;  State  28533 Hidden Cr, Magnolia, TX 773		Amount of contribution (\$)  250.00
Principal occup	ation / Job title (See Instructions) En	iployer (See Instruction	s)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE A1

If the reque	sted information is not applicable, <b>DO NOT in</b>	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Ashton Hedrick	(ID#:)	7 Amount of contribution (\$)
03/18/2025	6 Contributor address; City; PO Box 51, Magnolia,	State; Zlp Code TX 77355	250.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/19/2025	Contributor address; City;	State; Zip Code	250.00
Principal occu	7422 Ponderosa Dr, Magnolia,	Employer (See Instruct	ions)
Date		(ID#:)	Amount of contribution (\$)
03/30/2025	Jamie Schanbachler  Contributor address; City;  6803 Sierra Ct, Montgomery, TX	State; Zip Code	250.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/04/2025	William Rowley  Contributor address; City;	State; Zip Code	250.00
Deline in all account	42930 O' Neal Ln, Magnolia, T		)
Principal occu	aation / Job title (See Instructions)	Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE A1

If the reques	sted information is not applicable, <b>DO NOT include</b>	this page in the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 27
2 FILER NAME CONSTAL	BLE CHRIS JONES	3 Filer ID (Ethles Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Kendrick Skipper	
04/08/2025	6 Contributor address; City; State 10977 Lake Forest Dr, Conroe, TX 7	
8 Principal occu		ployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/08/2025	Jason Herrman  Contributor address; City; State  33505 Comanche Trl, Magnolia, TX	200.00
Principal occup	ation / Job title (See Instructions) Em	ployer (See Instructions)
Date 04/09/2025	Full name of contributor out-of-state PAC (#D#:	7,3115411,61,61
04/03/2020	Contributor address; City; State 29543 Sky Forest Circle, Magnolia,	200.00
Principal occup	atlon / Job title (See Instructions) Em	ployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
04/10/2025		125.00
Principal occup	ation / Job title (See Instructions) Em	ployer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE A1

If the reque	sted information is not applica	able, <b>DO NOT</b>	nclude this page in the	e report.
The	Instruction Gulde explains how	w to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME CONSTA	BLE CHRIS JONES			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Wesley Bagley		7 Amount of contribution (\$)	
04/10/2025	6 Contributor address; 42581 Summer Cre	city; est Dr, Mag	State; Zlp Code nolia, TX 77354	130.00
8 Principal occu	Jupation / Job title (See Instructions	)	9 Employer (See Instru	ctions)
Date	Full name of contributor  Erick Bernard	out-of-state P/	AC (ID#:)	Amount of contribution (\$)
04/10/2025	Contributor address; 22419 Meadowswe	city: et Dr, Mag	State; Zlp Code nolia, TX 77355	750.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	ctions)
Date	Full name of contributor Kandice Cabets	,,		Amount of contribution (\$)
04/10/2025	Contributor address; 26926 FM 2978, Ma	c <sub>ity;</sub> agnolia, TX	State; Zip Code	2,800.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)
Date	Full name of contributor  Kristin Christ	out-of-state P/	VC (ID#:)	Amount of contribution (\$)
04/10/2025	Contributor address;	City;	State; Zip Code	115.00
	PO Box 558, P	inehurst,	TX 77362	110100
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	ctions)
		· · · · · · · · · · · · · · · · · · ·	J	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE A1

If the reque	sted information is not applicable, <b>DO NOT incl</b>	ude this page in the rep	oort.
The	Instruction Guide explains how to complete this fo	orm. 1	Total pages Schedule A1:
2 FILER NAME CONSTA	BLE CHRIS JONES	3	Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Jeremy Christ		Amount of contribution (\$)
04/10/2025	6 Contributor address; City; PO Box 558, Pinehurst, T	State; Zip Code	150.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Date	Full name of contributor out-of-state PAC (IE	)#:)	Amount of contribution (\$)
04/10/2025	Jason Clarkson  Contributor address; City;  38118 N Sweetwater Cir, Magno	State; Zip Code	250.00
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	s)
Date	Full name of contributor out-of-state PAC (IE	#:)	Amount of contribution (\$)
04/10/2025	Contributor address; City; 28233 Forest Green, Magnolia, T	State; Zip Code X 77355	635.00
Principal occur	eation / Job title (See Instructions)	Employer (See Instructions	5)
Date	Full name of contributor out-of-state PAC (IE	#	Amount of contribution (\$)
04/10/2025		State; Zip Code TX 77354	350.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instructions	s)
		·	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE A1

If the reques	ted information is not applicable, <b>DO NOT inclu</b>	ide this page in the r	eport.
The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1:
2 FILER NAME CONSTAI	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (IDA	#:)	7 Amount of contribution (\$)
04/10/2025	6 Contributor address; City; States 18222 Forest Green, Magnolia, T.	State; Zip Code	445.00
8 Principal occu	pation / Job title (See Instructions)  9	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID#	#:	Amount of contribution (\$)
04/10/2025	Bryan Disdier  Contributor address; City; State Dr., Magnolia	State; Zip Code a, TX 77355	1,100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of contribution (\$)
04/10/2025	Contributor address; City; S 130 N Main, Conroe, T	State; Zip Code X 77301	1,500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (IDA	<b>#</b> :)	Amount of contribution (\$)
04/10/2025	Joel English  Contributor address; City; S	State; Zip Code	630.00
	40519 Manor Dr, Magnolia, TX 77		
Principal occur	ation / Job title (See Instructions)	Employer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE A1

If the reques	ted information is not applicable, <b>DO NOT</b>	include this page in the	report.	
The	Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1:	
2 FILER NAME CONSTAL	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of contributor out-of-state PAC (ID#:)  Casey Estes			7 Amount of contribution (\$)	
04/10/2025	6 Contributor address; City; 27015 Spring Woods, Magno	State; Zip Code	9,315.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date		PAC (ID#;)	Amount of contribution (\$)	
04/10/2025	Donna Gatewood  Contributor address; City;	State; Zip Code	500.00	
	28223 Meadow Falls, Magnol		000.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date		PAC (ID#:)	Amount of contribution (\$)	
04/10/2025	Eva Gordon	77.0	210.00	
	PO Box 1461, Magnolia	a, TX 77353	210.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	lons)	
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)	
04/10/2025	Angela Hahn  Contributor address; City;	State; Zip Code	245.00	
	18886 Maverick Ranch Rd, Magno	, , ,	243.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE A1

ii the reques	sted information is not applicable, <b>bo NOT include</b>	this page in the r	eport.
The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Rowdy Hayden		7 Amount of contribution (\$)
04/10/2025	6 Contributor address; City; State 21130 US 59, New Caney, TX 7735	· · ·	2,000.00
8 Principal occu		mployer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)
04/10/2025	Lacey Hedrick		240.00
0 11 10/2020	Contributor address; City; Sta	-	210.00
	30819 Roadie Pass, Magnolia, TX	77355	
Principal occup	ation / Job title (See Instructions)	mployer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
04/10/2025	***************************************	7 Code	75.00
	Contributor address; City; State; Zip Code  23557 High Meadow Estates Dr, Montgomery, TX 77316		13.00
Principal occur	ation / Job title (See Instructions)	mployer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
04/10/2025	Colby Herman		0.400.00
7770720		te; Zip Code	6,100.00
	23557 High Meadow Estates Dr, Montgomery, T	(77316	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		ons)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE A1

If the reques	ted information is not applicable, <b>DO NO</b>	T include this page in the	report.
The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
2 FILER NAME CONSTAI	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state  Jason Herrman	te PAC (ID#:)	7 Amount of contribution (\$)
04/10/2025	6 Contributor address; City; 33505 Comanche Trail, Mag	State; Zip Code	1,125.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date		te PAC (ID#:)	Amount of contribution (\$)
04/10/2025	Jan Johnston  Contributor address; City;  40111 Country Forest Dr, Management	State; Zip Code agnolia, TX 77354	185.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 04/10/2025	Full name of contributor out-of-state  Kelly Jones  Contributor address; City;  5 Huntington Woods Estates Dr,	State; Zip Code Tomball, TX 77377	Amount of contribution (\$)  150.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	lons)
Date	Full name of contributor out-of-stat	te PAC (ID#:)	Amount of contribution (\$)
04/10/2025	Contributor address; City; PO Box 222, Magnolia	State; Zip Code	215.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE A1

If the reque	sted information is not applicable, <b>DO NOT include this page in t</b> h	ne report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME CONSTA	BLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
02/24/2025	6 Contributor address; City; State; Zip Code PO Box 222, Magnolia, TX 77353	120.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/10/2025	Michael Kassoof  Contributor address; City; State; Zip Code  6533 W Sam Houston Pkwy, Houston, TX 77041	200.00
Principal occup	pation / Job title (See Instructions) Employer (See Instr	uctions)
Date 04/10/2025	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)  2,220.00
	29032 Champions Dr, Magnolia, TX 77355	<b></b>
Principal occup	pation / Job title (See Instructions) Employer (See Instr	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/10/2025	Matt Mitchell  Contributor address; City; State; Zip Code  162 Dina Ln, Montgomery, TX 77356	225.00
Principal occur	pation / Job title (See Instructions) Employer (See Instr	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE A1

If the reque	sted information is not applicable, DO NOT inclu	de this page in the r	eport.
The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1:
2 FILER NAME CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#	ـــــــــــــــــــــــــــــــــ	7 Amount of contribution (\$)
04/10/2025	6 Contributor address; City; S 1010 Towering Oaks St, Magnolia	otate; Zip Code	2,700.00
8 Principal occu		Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)
04/10/2025	•	State; Zip Code	210.00
Principal occur	41629 N Brenda Ln, Magnolia, TX	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of contribution (\$)
04/10/2025	***************************************	tate; Zip Code	1,925.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#	:	Amount of contribution (\$)
04/10/2025		state; Zip Code	650.00
Principal occup	25434 Hardin Store Rd, Magnolia	, IX //354 Employer (See Instruction	ons)

# SCHEDULE A1

If the reques	sted information is not applicable, <b>DO NOT include this</b>	s page in the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME CONSTA	BLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor out-of-state PAC (ID#:  Denton Rowley	
04/10/2025	6 Contributor address; City; State; 42930 O'Neal, Magnolia, TX 7	<sup>Zip Code</sup> 7354 305.00
8 Principal occu		yer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/10/2025	***************************************	300.00 77354
Principal occup	eation / Job title (See Instructions) Employ	ver (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/10/2025	Kyle Soeder  Contributor address; City; State; 40018 Barksdale Dr, Magnolia, TX 773	Zip Code <b>2,900.00</b>
Principal occup	pation / Job title (See Instructions) Employ	ver (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
04/10/2025	Contributor address; City; State; 2 5003 Whispering Meadow, Magnolia, TX 773	14,500.00
Principal occur	eation / Job title (See Instructions) Employ	ver (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

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

	, , ,			
The	Instruction Guide explains how to co	mplete this	form.	1 Total pages Schedule A1:
2 FILER NAME CONSTAI	BLE CHRIS JONES	•		3 Filer ID (Ethics Commission Filers)
4 Date	Linda Stuckey		; (ID#:)	7 Amount of contribution (\$)
04/10/2025	6 Contributor address;		State; Zip Code	625.00
	30310 Charlie Ln, Magn	olia, TX	C 77355	020.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor o	ut-of-state PAC	: (ID#:)	Amount of contribution (\$)
04/10/2025	Tammy Teale			005.00
04/10/2023	Contributor address; (	City;	State; Zip Code	235.00
	24610 Nottingham Circle	e, Hock	ley, TX 77447	
Principal occup	ation / Job title (See Instructions)		Employer (See Instructi	ions)
Date	Full name of contributor ou	ut-of-state PAC	: (ID#:)	Amount of contribution (\$)
04/10/2025	Laura Zulim			40 000 00
O II FOILOLO	Contributor address; C	•	State; Zip Code	16,600.00
	23916 Macedonia, Hock	dey, TX	77447	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date		ut-of-state PAC	: (ID#:)	Amount of contribution (\$)
04/10/2025	Ron Hinkleman			200 00
0 17 10 12020		ity;	State; Zip Code	300.00
	17828 Lake Placid Ln, N	<i>l</i> iagnoli	<u> </u>	
Principal occup	ation / Job title (See Instructions)		Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

If the reques	sted information is not applicable, <b>DO NOT</b> i	include this page in the	report.
The	Instruction Guide explains how to complete th	nis form.	1 Total pages Schedule A1:
2 FILER NAME CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state F	AC (ID#:)	7 Amount of contribution (\$)
04/28/2025	6 Contributor address; City; 30225 Tudor Way, Magnolia,	State; Zip Code	3,000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	lons)
Date 06/25/2025	Full name of contributor out-of-state P	AC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code 38022 Clubhouse, Magnolia, TX 77355			200.00
Principal occup	oation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state P	AC (ID#:)	Amount of contribution (\$)
05/29/2025	Brian Oglesbee  Contributor address; City;  29513 Timber Village Ct, Mag	State; Zip Code nolia, TX 77355	200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state P	AC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	etion / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

www.ethics.state.tx.us

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

#### SCHEDULE A2

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

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2: 23	
2 FILER NAME	E		3 Filer ID (Ethics Co	mmission Filers)	
CONSTA	BLE CHRIS JONES				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 1835.00	>	
5 Date	6 Full name of contributor		Contribution \$	9 In-kind contribution description	
04/10/2025	7 Contributor address; City; State;	Zip Code	310.00	Rugs	
	22615 Baneberry Rd, Magnolia, TX	'		 	
40				de of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	ls a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	)	Amount of	   In-kind contribution	
	Brandie Lopez		Contribution \$	description Western Art	
04/10/2025	Contributor address; City; State;	Zip Code	500.00	vvestern Art	
	PO Box 737, Montgomery, TX 7735	•	Check if travel outside of Texas. Complete Schedule		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
Contributor's	principal occupation (FOR JUD!CIAL)	Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
			,,	<u>, , , , , , , , , , , , , , , , , , , </u>	

#### SCHEDULE A2

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

TI	he Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2: 23
2 FILER NAM	E		3 Filer ID (Ethics Co	ommission Filers)
CONSTA	ABLE CHRIS JONES			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 1,835.0	00
5 Date	6 Full name of contributor		8 Amount of 9 In-kind cont description	9 In-kind contribution description
04400000			3,100.00	Trump Edition 9
04/10/2025	7 Contributor address; City; State;	Zip Code		i mm Glock
	18640 FM 1488, Magnolia, TX 7735	54	Check if travel outs	lide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	)	Amount of Contribution \$	In-kind contribution description
04/10/2025	Ben Herman  Contributor address; City; State;	Zip Code	18,000.00	4 Special edition Henry rifles
	23557 High Meadow Estates Dr, Montgomery, TX	77316	Check if travel outsi	l de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)		JDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
		,		

#### SCHEDULE A2

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

) (s)
s)
٠
contribution on
ar
n tour
omplete Schedule T.
ructions)
Instructions)
OR JUDICIAL)
,
contribution
SG
guitar
mplete Schedule T.
ructions)
nstructions)
OR JUDICIAL)

#### SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2: 23
2 FILER NAM	E		3 Filer ID (Ethics Co	ommission Filers)
CONSTABLE CHRIS JONES				
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1,835.0	00	
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description
04/10/2025	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2,700.00	Offshore fishing
0 11 1012020	7 Contributor address; City; State;	Zip Code		ı trip
	20560 FM 1488 Rd, Magnolia, TX 7	7355	Check if travel outs	ide of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) 11 Emplo			er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)  13 Contrib		13 Contribu	utor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)  15 Law		15 Law firn	firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		,	
Date	Full name of contributor		Amount of	In-kind contribution
Date	Heath Schultz		Contribution \$	description Firepit w/
04/10/2025	Contributor address; City; State;	Zip Code	350.00	bluetooth speaker
	5306 Ranchers Lake Dr, Magnolia, TX 77	354	Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (If any) (FOR JUDICIAL)			

#### SCHEDULE A2

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

	•••			
Tr	ne instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2: 23
2 FILER NAM	Е		3 Filer ID (Ethics Commission Filers)	
CONSTA	ABLE CHRIS JONES			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 1,835.0	O
5 Date	6 Full name of contributor	)	8 Amount of Contribution \$	9 In-kind contribution description
	Cody Spivey		450.00	Golf for 4 people
04/10/2025	7 Contributor address; City; State;	Zip Code		· · ·
	37300 Golf Club Trail, Magnolia, TX	77355	Check if travel outs	  de of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firn	rm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>		
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	)	Amount of	I In-kind contribution
	CTC Gun		Contribution \$	description
04/10/2025	Contributor address; City; State;	Zip Code	275.00	Red Dot Sight Nightstick
	3200 N Freeway, Houston, TX 7700	)9	Check if travel outsi	l de of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	JDICIAL)(See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L		
			· · · · · · · · · · · · · · · · · · ·	

#### SCHEDULE A2

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

T	he Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2: 23
2 FILER NAME		3 Filer ID (Ethics Co	ommission Filers)	
CONSTA	ABLE CHRIS JONES			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1,835.0	00	
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description
04/10/2025	7 Contributor address; City; State;	Zip Code	225.00	Gun cleaning kit, dog boarding basket
	30806 Green Forest Dr, Magnolia, TX 773	354	Check if travel outs	de of Texas, Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe		AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution
	David Marler		Contribution \$	description Flag art, Skin
04/10/2025	Contributor address; City; State;	Zip Code	280.00	care basket
	326 Creekside Dr, Magnolia, TX 773	354	Check if travel outsi	 de of Texas, Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICE	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
		·····		
				İ

#### SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	dule A2: 23
2 FILER NAMI	E		3 Filer ID (Ethics C	ommission Filers)
CONSTA	BLE CHRIS JONES			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 1,835	
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description
	Erick Bernard		2,000.00	4 zones of
04/10/2025	7 Contributor address; City; State;	Zip Code		irrigation installed
	22419 Meadowsweet Dr, Magnolia, TX 77	7355	Check if travel outs	I side of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDIC	IAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR J	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	use (If any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	. Full name of contributor 🔲 out-of-state PAC (ID#:	)	Amount of	I in-kind contribution
	Gordon Welch		Contribution \$	description Rossi 357 cal rifle
04/10/2025	Contributor address; City; State;	Zip Code	1,600.00	Nossi 557 Carrille
	19100 Unity Park Dr, Magnolia, TX	77355	Check if travel outs	I side of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDIC	IAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR J	JDICIAL)(See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm	n of contributor's spot	use (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

#### SCHEDULE A2

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

ТІ	he Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2: 23
2 FILER NAM	E		3 Filer ID (Ethics Co	ommission Filers)
CONSTA	ABLE CHRIS JONES			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 1,835.00	
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:		8 Amount of Contribution \$	9 In-kind contribution description
04/10/2025			1,500.00	Labradoodle
04/10/2025	7 Contributor address; City; State;	Zip Code		i puppy
	28233 Eagle Cove, Magnolia, TX 7	7355	Check if travel outsi	I ide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)  13 Cont		13 Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of	In-kind contribution
Bala	Hunter Lauderdale		Contribution \$	description
04/10/2025			650.00	Side Chick cooler
01110/2020	Contributor address; City; State;	Zip Code	000.00	∣ & swag
	29032 Champions Dr, Magnolia, TX	77355	Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	. , , , = 11.4		

### SCHEDULE A2

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

			<u>-</u>	
TI	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2: 23	
2 FILER NAM	E		3 Filer ID (Ethics Co	mmission Filers)
CONSTA	ABLE CHRIS JONES			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 1,835.00	)
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description
0.4/4.0/0005	Hunter Adams	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4,600.00	Exotic deer hunt
04/10/2025	7 Contributor address; City; State;	Zip Code		İ
	41902 FM 1774, Magnolia, TX 7735	54	Check if travel outsi	de of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of . Contribution \$	In-kind contribution description
	Jeff Lauderdale		0.000.00	10 pallets of
04/10/2025	Contributor address; City; State;	Zip Code	2,900.00	grass installed
	29032 Champions Dr, Magnolia, TX	•	Check if travel outside of Texas. Complete Schedu	
Principal occ	upation / 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)			

### SCHEDULE A2

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

				4
The Instruction Guide explains how to complete this form.		1 Total pages Sched	ule A2: 23	
2 FILER NAME	Ξ		3 Filer ID (Ethics Co	ommission Filers)
CONATA	BLE CHRIS JONES	:		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 1,835.0	0
5 Date	6 Full name of contributor	)	8 Amount of Contribution \$	9 In-kind contribution description
04/10/2025		Zip Code	700.00	Colorado smokeless firepit
•	1935 Cattle Dr, Magnolia, TX 77354		Check if travel outs	ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description
04/10/2025	Contributor address; Clty; State;	Zip Code	2,500.00	AR 15 
	14011 FM 2920, Tomball, TX 77377	•	Check If travel outs	lide of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JL	JDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

### SCHEDULE A2

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

T	he Instruction Guide explains how to complete this form	n.	1 Total pages Sched	lule A2: 23
2 FILER NAM	NBLE CHRIS JONES		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 1,835.00	)
5 Date	5 Date  6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description
04/10/2025			2,000.00	Round of golf at Bluejack
	303 Beaumont Dr, Magnolia, TX 77	35 <del>4</del>	Check If travel outs	। ide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)  13 Contributor's principal occupation (FOR JUDICIAL)		13 Contribu	ontributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firn	n of contributor's spou	ise (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (If any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description
04/10/2025	Contributor address; City; State;	Zip Code	750.00	Michael Kors bag set, Tory Burch bag set
	5 Huntingtonwoods Estates Dr, Tomball, TX 7737	7	Check if travel outside of Texas. Complete Schedule	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	ise (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
·				

### SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2: 23	
2 FILER NAME CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$		\$ 1,835.00		
5 Date	5 Date 6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description
04/10/2025	7 Contributor address; City; State;	Zip Code	750.00	¦ Hibachi at home ı for 10
	10 Wellesly Ct, Magnolia, TX 77355	5	Check if travel outsi	  de of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDIC)	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	IDICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (If any) (FOR JUDICIAL)		44.44.40.40.40.40.40.40.40.40.40.40.40.4	
Date	Full name of contributor	)	Amount of Contribution \$	   In-kind contribution   description
04/10/2025	Linda Stuckey		245.00	Gardening Basket
04/10/2023	Contributor address; City; State;	Zip Code	2-10.00	
	30310 Charlie Ln, Magnolia, TX 773		Check if travel outside of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	ı of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			-

### SCHEDULE A2

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

	- •		· · · · · · · · · · · · · · · · · · ·	
Ti	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2: 23
2 FILER NAM	E		3 Filer ID (Ethics Co	ommission Filers)
CONSTA	ABLE CHRIS JONES			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 1,835.00	)
5 Date 6 Full name of contributor  uut-of-state PAC (ID#:)		8 Amount of	9 In-kind contribution	
	Linda Teale		Contribution \$	description
04/10/2025	7 Contributor address; City; State;	Zip Code	700.00	Carrot Cake
	22303 Cindy Lynn Ln, Magnolia, TX	•	Check if travel outs	I    de of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL) 13 Contrib		13 Contribu	itor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law		15 Law firm	w firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	)	Amount of	I In-kind contribution
2 3.0	Jennifer Porter		Contribution \$	description Pink .22, Flag revolver .22,
04/10/2025	Contributor address; City; State;	Zip Code	2,000.00	S&W AR .22 w/ case
	25434 Hardin Store Rd, Magnolia, TX 773	354	Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firn	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>		

#### SCHEDULE A2

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

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2: 23
2 FILER NAMI	E		3 Filer ID (Ethics Commission Filers)	
CONSTA	BLE CHRIS JONES		,	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 1,835.00	)
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:	)	8 Amount of Contribution \$	9 In-kind contribution description Texans Tickets w/ parking pass,
04/10/2025	7 Contributor address; City; State;	Zip Code	4,000.00	Nutcracker market trip, home basket, sunglasses
	l	·		! 
	22619 Baneberry Rd, Magnolia, TX	77300	Check if travel outsi	ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	IDICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description
04/10/2025		Zip Code	625.00	¦ a year of i massages
	Contributor address; City; State; 33219 Forest West St, Magnolia, TX 7735	•	Check if travel outsi	l de of Texas, Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u></u>		

#### SCHEDULE A2

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

,					
TI	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2: 23	
2 FILER NAM	E	·	3 Filer ID (Ethics Co	mmission Filers)	
CONSTA	ABLE CHRIS JONES				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$ 182 1,	835.00	
5 Date	Mike Beseker		8 Amount of Contribution \$	9 In-kind contribution description	
0.440/0005		200.00	Hunting basket		
	7 Contributor address; City; State;	Zip Code		] 	
	8313 Colt Ln, Waller, TX 77484		Check if travel outsi	de of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (If any) (FOR JUDICIAL)	<u> </u>	- Marie - 11 - 11 - 11 - 11 - 11 - 11 - 11 -		
Date	Full name of contributor		Amount of	In-kind contribution	
	Magnolia Hardware		Contribution \$	description Dewalt drill	
04/10/2025	Contributor address; City; State; Zip Code		175.00	combo	
	19025 FM 1488, Magnolia, TX 7735	•	Observation of the second seconds	İ	
Bringing cod	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Check if travel outside of Texas. Complete Schedule T. ver (FOR NON-JUDICIAL)(See Instructions)		
r illopai occ	ADDATION TO THE (FOR NON-TODIONE) (GGG MAINCEONS)	Employe	SI (FOR NON-JOEG	AL)(Gee manuchona)	
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	outor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	•				

#### SCHEDULE A2

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

		F+9-		
Th	ne Instruction Guide explains how to complete this form	1.	1 Total pages Sched	ule A2: 23
2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
CONSTA	ABLE CHRIS JONES			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 1,835.00	•
5 Date	6 Full name of contributor	)	8 Amount of Contribution \$	9 In-kind contribution
	Mindy Harmon		300.00	l description Photography package,
04/10/2025	7 Contributor address; City; State;	Zip Code	500.00	salon gift card
	25166 Grogans Park Dr, The Woodlands, TX 7738	30	Check if travel outsi	 de of Texas. Complete Schedule T.
10 Principal occ	pupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe		AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	IDICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Paula Jones		Contribution \$	l description Liquor gift baskets, pocket
04/10/2025	Contributor address; City; State;	Zip Code	1,000.00	knives, bluetooth speaker
	17366 Sunset Ranch Dr, Montgomery, TX	•	Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			· · · · · · · · · · · · · · · · · · ·
<u>.</u>				

#### SCHEDULE A2

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

Tł	he Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2: 23
2 FILER NAM	E	·	3 Filer ID (Ethics Co	ommission Filers)
CONSTA	ABLE CHRIS JONES			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 1,835.00	)
5 Date 6 Full name of contributor  out-of-state PAC (ID#:)  Pct 5 Command Staff		8 Amount of Contribution \$	9 In-kind contribution description	
0.444.0/0000			5,000.00	Trump edition
04/10/2025	7 Contributor address; City; State;	Zip Code		gold 9mm Glock
	19100 Unity Park Dr, Magnolia, TX	77355	Check if travel outs	I ide of Texas, Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)  15 Law f		15 Law firn	n of contributor's spou	se (If any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	)	Amount of Contribution \$	I In-kind contribution description
04/10/2025	Pct 5 Deputies		2,000.00	Beretta APX 9 mm with range bag
0-1/10/2020	Contributor address; City; State;	Zip Code		i willi range bag
	19100 Unity Park Dr, Magnolia, TX	77355	Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	·		
			······································	

#### SCHEDULE A2

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

Tł	ne Instruction Gulde explains how to complete this form	n.	1 Total pages Schedule A2: 23	
2 FILER NAM	E		3 Filer ID (Ethics Co	mmission Filers)
CONSTA	ABLE CHRIS JONES			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 1,835.01	
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:	)	Contribution \$	9 In-kind contribution description
04/10/2025	7 Contributor address; City; State;	Zip Code	3,000.00	¦ Hunting trip, ı Astros tickets
	26926 FM 2978, Magnolia, TX 7735	•		1
		I		de of Texas. Complete Schedule T.
10 Principal occ	eupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contribu	itor's Job title (FOR JU	IDICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm	ı of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	Full name of contributor	)	Amount of	In-kind contribution
Date -	Ralph Smith		Contribution \$	description
04/10/2025			200.00	Golf for 4 at
0-17 10/2020	Contributor address; City; State;	Zip Code	200100	Margaritaville
	6871 Spring Branch Rd, Montgomery, TX	77316	Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<u> </u>				

#### 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: 23			
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)		
CONSTA	BLE CHRIS JONES				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 1,835.00	)	
5 Date	Date 6 Full name of contributor out-of-state PAC (ID#:) {		8 Amount of Contribution \$	9 In-kind contribution description	
	Southern Heritage Consulting			i '	
04/10/2025	7 Contributor address; City; State;	Zip Code	1,500.00	Gift baskets, wreath, watch, art	
		Zip Codo		wicatii, wateri, art	
	PO Box 558, Pinehurst, TX 77362		Check if travel outsi	de of Texas. Complete Schedule T.	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
To a contain to a contact, that the contact is a contact to a contact					
Date	Full name of contributor	)	Amount of	In-kind contribution	
	Steve Schneider		Contribution \$	description	
04/10/2025			450.00	Binoculars	
	Contributor address; City; State;	Zlp Code		 	
	544 Savannah Park, Conroe, TX 77	302	Check if travel outside of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDIC	AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's Job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
· · · · · · · · · · · · · · · · · · ·					
,					
	•				
-					

### SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	1 Total pages Schedule A2: 23	
2 FILER NAM CONSTA	BLE CHRIS JONES		3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$ 1,835.0	0	
5 Date	Tamara Cooley		→ 8 Amount of Contribution \$	9 In-kind contribution description Quilt	
04/10/2025	7 Contributor address; City; State; 15115 FM 1488, Magnolia, TX 7735	Zlp Code 5∕1		1 	
		Oyer (FOR NON-JUDICI	ide of Texas. Complete Schedule T. AL)(See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contr	ibutor's job title (FOR JU	JDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law (	firm of contributor's spou	ise (if any) (FOR JUDICIAL)	
16 If contributor	Is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description Blue Glock 9mm, AR	
04/10/2025	Contributor address; City; State;	Zlp Code	10,000.00	15 Trump edition	
i	25434 Hardin Store Rd, Magnolia, TX 773	354	Check if travel outs	lide of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Empl	ver (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 1	firm of contributor's spou	ise (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

### SCHEDULE A2

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

TI	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2: 23
2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$		\$ 1,835.0	\$ 1,835.00	
5 Date	6 Full name of contributor	}	8 Amount of Contribution \$	9 In-kind contribution description
04/10/2025	7 Contributor address; City; State; PO Box 120, Pinehurst, TX 77362	Zip Code	175.00  Check if travel outs	Bourbon Basket, picnic basket l de of Texas. Complete Schedule T.
10 Principal occ	Pupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	I er (FOR NON-JUDICI	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)  15 Law fire		15 Law firn	v firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I., , , , , , , , , , , , , , , , , , ,		
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description
04/10/2025	Contributor address; City; State; 30603 Beyette Rd, Magnolia, TX 77	Zip Code	450.00	combo
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICI	de of Texas. Complete Schedule T. AL.)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

#### SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2: 23	
2 FILER NAMI	E		3 Filer ID (Ethics Co	mmission Filers)	
CONSTA	BLE CHRIS JONES				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 1,835.00	)	
5 Date	6 Full name of contributor	)	8 Amount of Contribution \$	9 In-kind contribution description	
0.444.000.00	Rene Benitez		100.00	Las Fuentes gift	
04/10/2025	7 Contributor address; City; State;	Zip Code		card	
	18306 FM 1488, Magnolia, TX 7735	54	Check if travel outsi	l de of Texas. Complete Schedule T.	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	IDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)  15 L		15 Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	)	Amount of	In-kind contribution	
04/10/2025	Bobby Hartman		Contribution \$ 650.00	Auto detailing kit, cast iron basket	
:	Contributor address; City; State; 12107 Carol Ln, Pinehurst, TX 7736	Zip Code	Check if travel outsi	Cast HOH Dasket       de of Texas, Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Employer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

#### SCHEDULE A2

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

			•	
Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2: 23
2 FILER NAMI	E		3 Filer ID (Ethics Co	mmission Filers)
CONSTA	BLE CHRIS JONES			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTION		BUTIONS	\$ 1,835.00	)
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)		9 In-kind contribution
	Heath Schultze		Contribution \$	description
04/10/2025	7 0 11 1 01		300.00	Tailgater 2
5	7 Contributor address; City; State;	Zip Code		] 
-1	27206 FM 2978, Magnolia, TX 7735	)4 	Check if travel outsi	de of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15		15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		1 - 1.0 t or	
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Stellar Pools, LLC		Contribution \$	description
04/10/2025			300.00	Bogg bag w/ pool accessories
	Contributor address; City; State;	Zip Code		
	30101 Hazy Hollow Rd, Magnolia, TX 773	500 	Check if travel outsi	de of Texas, Complete Schedule T.
Principal occ	upation / 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	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			