# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G                                       | uide explains how t             | o complete this form.                       | 1 Filer ID (Eth                         | ics Commission Filers)                 | 2 Total pages filed;   |
|--|---------------------------------|---|---|--|--|
| 3 CANDIDATE/<br>OFFICEHOLDER                                 | MS / MRS / MR MR                | FIRST<br>CHRISTOPHER                        | ₹                                       | м1<br><b>М</b>                         | OFFICE USE ONLY  |
| NAME   | NICKNAME                        | JONES                                       |   | SUFFiX                                 | Date Report LIVED TO NO. TO THE PERSON OF TH |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | PO BOX 52,                      | APT / SUITE #;<br>MAGNOLIA, TX 7            | CITY; STAT<br>77353                     | TE; ZIP CODE                           | JAN 1 1 2024 JAN 3 1 2024  |
| <u> </u>   | ·                               |   |   | *                                      | \  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                        | (281 )                          | 259-6493                                    | EXTI                                    | ENSION                                 | Date Hand-delivered or Date Postmarked   |
| 6 CAMPAIGN<br>TREASURER                                      | MS/MRS/MR<br>MRS.               | FIRST<br>MELISSA                            |   | мі<br>R                                | Receipt #   Amount \$  |
| NAME   | NICKNAME                        | ***************                             | * |  | Date Processed   |
|  |                                 | JONES                                       |   | SUFFIX                                 | Date Imaged  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS                           | 1                               | NO PO BOX PLEASE); APT / S<br>BERRY RD, MAC |   | 77355                                  | STATE; ZIP CODE  |
| (Residence or Business)                                      |                                 |   |   |  |  |
| 8 CAMPAIGN<br>TREASURER                                      | AREA CODE                       | PHONE NUMBER                                | EXT                                     | ENSION                                 |  |
| PHONE  | (281)                           | 989-5699                                    |   |  |  |
| 9 REPORT TYPE  | January 15                      | 30th day before                             | election                                | Runoff                                 | 15th day after campaign freasurer appointment (Officeholder Only)  |
|  | July 15                         | 8th day before el                           | lection [                               | Exceeded Modified<br>Reporting Limit   | Final Report (Attach C/OH - FR)  |
| 10 PERIOD  | Month                           | Day Year                                    |   | Month                                  | Day Year   |
| COVERED  | 7 /                             | / 1 / 23                                    | THROUGH                                 | 12                                     | / 31 / 23  |
| 11 ELECTION  | ELECTION DAT                    | E   |   | ELECTION TYPE                          | I  |
|  | Month Day                       | Year Primary                                | Runoff                                  | Other                                  |  |
|  | World Day                       | ,   |   | Description                            |  |
|  | / /                             | General                                     | I Special                               |  |  |
|  | OFFICE LIELD (%)                |   | 140                                     |  |  |
| 12 OFFICE  | OFFICE HELD (If any) MONTGOMERY | COUNTY PCT 5 CONS                           |   | ICE SOUGHT (if know                    | n)   |
| 14 NOTICE FROM POLITICAL                                     | THE CANDIDATE / OFFICI          | EHOLDER. <i>THESE EXPENDITURE</i>           | ES MAY HAVE BEEN M                      | ADE WITHOUT THE CAN                    | MADE BY POLITICAL COMMITTEES TO SUPPORT<br>IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR<br>THEY RECEIVE NOTICE OF SUCH EXPENDITURES.   |
| COMMITTEE(S)   | COMMITTEE TYPE                  | COMMITTEE NAME                              |   |  |  |
| Additional Pages   | GENERAL                         | COMMITTEE ADDRESS                           |   |  |  |
| _  | SPECIFIC                        | COMMITTEE CAMPAIGN TR                       | EASURER NAME                            | ······································ |  |
|  | -                               | COMMITTEE CAMPAIGN TE                       | REASURER ADDRES                         | 68                                     |  |
| 11.00  |                                 |   |   |  |  |
|  |                                 | GO TO                                       | PAGE 2                                  |  |  |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME<br>CONSTABLE CHRIS JON   | NES  | 16 Filer I   | D (Ethics C                              | commission Filers)   |
|---------------------------------------|--|--|--|--|
| 17 CONTRIBUTION 1<br>TOTALS           | . TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI<br>PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR<br>CONTRIBUTIONS MADE ELECTRONICALLY) | N  | \$                                       | 0.00   |
| 2                                     | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | )  | \$                                       | 325.00   |
| EXPENDITURE TOTALS                    | TOTAL UNITEMIZED POLITICAL EXPENDITURE.  |  | \$                                       | 0.00   |
| 4                                     | . TOTAL POLITICAL EXPENDITURES   |  | \$ 59                                    | 9,461.91   |
| CONTRIBUTION BALANCE                  | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD  | ST DAY   | \$ 77                                    | 7,790.05   |
| OUTSTANDING<br>LOAN TOTALS            | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C<br>LAST DAY OF THE REPORTING PERIOD   | OF THE   | \$                                       | 0.00   |
|                                       | r, or affirm, under penalty of perjury, that the accompanying report is true to be reported by me under Title 15, Election Code.           | ue and con   | rect and inc                             | cludes all information   |
|                                       | ////   | A STATE OF THE STA |  |  |
|                                       |  | Control of the last of the las | N 100 100 100 100 100 100 100 100 100 10 | MANGER COMPANY OF THE PROPERTY |
|                                       |  |  |  |  |
|                                       | Signature of C   | andidate o   | or Omicenol                              | aer  |
|                                       |  |  |  |  |
|                                       |  |  |  |  |
|                                       | Please complete either option below  | .a/-   |  |  |
|                                       | i legae combiere ennei obnoti belot  | W W 1  |  |  |
| (1) Affidavit                         | BRIANA REYNA NOTARY PUBLIC, STATE OF TEXAS Notary ID #13377554-7 Expires May 23, 2026  |  |  |  |
| NOTARY STAMP/SEAL                     |  |  |  |  |
| Sworn to and subscribed befo          | ire me by <u>Braiana Henard</u> this the   | 11th   | day of .                                 | lanuaru .  |
|                                       |  | ·  |  | J.,  |
| , to certify whice                    | h, witness my hand and seal of office.   |  |  |  |
| Signature of officer administering of | path Printed name of officer administering oath  |  | Title of office                          | er administering oath  |
|                                       | OR   |  |  |  |
| (2) Unsworn Declaration               |  |  |  |  |
| My name is                            | and my date of birth i   | s  |  |  |
|                                       |  |  |  |  |
|                                       | (street) (city)  | (state)  | (zip code)                               | (country)  |
| Executed in                           | County, State of , on the day of (mon  |  |  |  |
|                                       | (mon   | ith)   | , 20<br>(year)                           | <del></del>  |
|                                       | Signature of Cand  | lidate/Office  | eholder (De                              | eclarant)  |

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

|     | 9 FILER NAME CONSTABLE CHRIS JONES 20 Filer ID (Ethics Co                          |      |                    |
|-----|--|------|--------------------|
|     | CHEDULE SUBTOTALS<br>IAME OF SCHEDULE  |      | SUBTOTAL<br>AMOUNT |
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$   | 325.00             |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$   | 0.00               |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$   | 0.00               |
| 4.  | SCHEDULE E: LOANS  | \$   | 0.00               |
| 5.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$   | 59,461.91          |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$   | 0.00               |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$   | 0.00               |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$   | 0.00               |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$   | 0.00               |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O         | н \$ | 0.00               |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$   | 0.00               |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$   | 0.00               |

### MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

| TILLER NAME CONSTABLE CHRIS JONES  4 Deto 5 Full name of contributor CHUCK ADCOX 6 Contributor address; 28111 INDIGO LAKE CT, MAGNOLIA, TX 77355  8 Principal occupation / Job title (See Instructions)  Date Date CHUCK ADCOX 6 Contributor address; City; State; Zip Code CHUCK ADCOX 7 Amount of contribution (\$)  Date Full name of contributor KELLY ALBERTSON Contributor address; City; State; Zip Code 22618 BANEBERRY RD, MAGNOLIA, TX 77355  Principal occupation / Job title (See Instructions)  Date Full name of contributor Contributor address; City; State; Zip Code Contributor address | The              | Instruction Guide explains how t      | o complete th | nis form.                   | 1 Total pages Schedule A1:            |
|---|------------------|---------------------------------------|---------------|-----------------------------|---------------------------------------|
| CHUCK ADCOX 6 Contributor address; City; State; Zip Code 28111 INDIGO LAKE CT, MAGNOLIA, TX 77355  3 Principal occupation / Job title (See Instructions)  Date Full name of contributor KELLY ALBERTSON Contributor address; City; State; Zip Code 22618 BANEBERRY RD, MAGNOLIA, TX 77355  Principal occupation / Job title (See Instructions)  Date Full name of contributor  Contributor address; City; State; Zip Code 22618 BANEBERRY RD, MAGNOLIA, TX 77355  Principal occupation / Job title (See Instructions)  Date Full name of contributor  Contributor address; City; State; Zip Code  Full name of contributor  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Amount of contribution (\$)  |                  | BLE CHRIS JONES                       |               |                             | 3 Filer ID (Ethics Commission Filers) |
| 250.00  8 Principal occupation / Job title (See Instructions)  Date  Full name of contributor Contributor address; City; State; Zip Code 250.00  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Contributor address; City; State; Zip Code  Amount of contribution (\$)  |                  | CHUCK ADCOX                           |               |                             |                                       |
| Date Date Date Date Date Date Date Date   | )7/27/2023       | 6 Contributor address;                | City;         | State; Zip Code             | 250.00                                |
| KELLY ALBERTSON   Tontributor address; City; State; Zip Code   22618 BANEBERRY RD, MAGNOLIA, TX 77355   | 3 Principal occu | pation / Job title (See Instructions) |               | 9 Employer (See Instruction | ons)                                  |
| Principal occupation / Job title (See Instructions)   Employer (See Instructions)   |                  |                                       | 1             |                             |                                       |
| Date  Full name of contributor  Out-of-state PAC (ID#:  | 18/29/2023       |                                       | City;         | State; Zip Code             | 75.00                                 |
| Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  out-of-state PAC (ID#:)  Contributor address; City; State; Zip Code   | Principal occup  | nation / Job title (See Instructions) |               | Employer (See Instruction   | ons)                                  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)  Contributor address; City; State; Zip Code   | Date             | Full name of contributor              | out-of-state  | PAC (ID#:)                  | Amount of contribution (\$)           |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)  Contributor address; City; State; Zip Code   |                  | Contributor address;                  | City;         | State; Zip Code             |                                       |
| Contributor address; City; State; Zip Code  | Principal occur  | <br>                                  |               | Employer (See Instructi     | ons)                                  |
|   | Date             | Full name of contributor              | out-of-state  | PAC (ID#:)                  | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)  |                  | Contributor address;                  | City;         | State; Zip Code             |                                       |
|   | Principal occu   | pation / Job title (See Instructions) |               | Employer (See Instructi     | ons)                                  |
|   |                  |                                       |               |                             |                                       |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## 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 Overfriead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| 1 Total pages Schedule F1:                                 | 2 FILER NAME<br>CONSTABLE CHRIS JONES  |                           | 3 Filer ID (Ethics          | Commission Filers) |
|--|--|---------------------------|-----------------------------|--------------------|
| 4 Date 07/03/2023  | 5 Payee name<br>MAGNOLIA'S BEST STORAGE  |                           |                             |                    |
| 6 Amount (\$)  | 7 Payee address;   | City;                     | State;                      | Zip Code           |
| 199.00   | 37805 FM 1774, MAGNOLIA, TX 773  | 355                       |                             |                    |
| 8  | (a) Category (See Categories listed at the top of this schedule)                     | (b) Description           |                             |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | OVERHEAD/RENTAL EXPENSE  | STORAGE FO                | OR CAMPAIG                  | N MATERIALS        |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                           | Check If Aust             | ln, TX, officeholder living | эхрепѕе            |
| 9 Complete ONLY if direct expenditure to benefit C/Oh      | Candidate / Officeholder name  | Office sought             |                             | Office held        |
| Date   | Payee name   |                           |                             |                    |
| 08/03/2023   | MAGNOLIA'S BEST STORAGE  |                           |                             |                    |
| Amount (\$)  | Payee address;   | City;                     | State;                      | Zip Code           |
| 199.00   | 37805 FM 1774, MAGNOLIA, TX 773  | 355                       |                             |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule) OVERHEAD/RENTAL EXPENSE | Description<br>STORAGE FO | OR CAMPAIG                  | IN MATERIALS       |
|  | 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<br>I   | Office sought             |                             | Office held        |
| Date   | Payee name   |                           |                             |                    |
| 09/02/2023   | MAGNOLIA'S BEST STORAGE  |                           |                             |                    |
| Amount (\$)  | Payee address;   | City;                     | State;                      | Zip Code           |
| 199.00   | 37805 FM 1774, MAGNOLIA, TX 773  | 55                        |                             |                    |
|  | Category (See Categories listed at the top of this schedule)                         | Description               |                             |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | OVERHEAD/RENTAL EXPENSE  | STORAGE FO                | R CAMPAIG                   | N MATERIALS        |
|  | Check if travel outside of Texas, Complete Schedule T.                               | Check if Austi            | in, TX, officeholder living | expense            |
| Complete <u>ONLY</u> If direct expenditure to benefit C/OF | Candidate / Officeholder name  | Office sought             |                             | Office held        |
|  | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NEI           | EDED                        |                    |

#### SCHEDULE F1

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

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

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

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

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  | complete this form.                     |                             |                    |
|---|--|---|-----------------------------|--------------------|
| 1 Total pages Schedule F1: 59                               | 2 FILER NAME<br>CONSTABLE CHRIS JONES  | , | 3 Filer ID (Ethics          | Commission Filers) |
| 4 Date<br>10/04/2023  | 5 Payee name<br>MAGNOLIA'S BEST STORAGE  |   |                             |                    |
| 6 Amount (\$)   | 7 Payee address;   | Clty;                                   | State;                      | Zip Code           |
| 244.00  | 37805 FM 1774, MAGNOLIA, TX 773  | 355                                     |                             |                    |
| 8   | (a) Category (See Categories listed at the top of this schedule)                     | (b) Description                         |                             |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                | OVERHEAD/RENTAL EXPENSE  | STORAGE FO                              | OR CAMPAIG                  | N MATERIALS        |
|   | (c) Check If travel outside of Texas. Complete Schedule T.                           | Check if Aust                           | in, TX, afficeholder living | expense            |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H   | Office sought                           | ,                           | Office held        |
| Date  | Payee name   |   |                             |                    |
| 11/03/2023  | MAGNOLIA'S BEST STORAGE  |   |                             |                    |
| Amount (\$)   | Payee address;   | City;                                   | State;                      | Zip Code           |
| 224.00  | 37805 FM 1774, MAGNOLIA, TX 773  | 355                                     |                             |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                | Category (See Categories listed at the top of this schedule) OVERHEAD/RENTAL EXPENSE | Description<br>STORAGE FO               | OR CAMPAIG                  | IN MATERIALS       |
|   | Check if travel outside of Texas, Complete Schedule T.                               | Check if Aust                           | In, TX. officeholder living | expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh  | Candidate / Officeholder name  | Office sought                           |                             | Office held        |
| Date  | Payee name   |   |                             |                    |
| 12/02/2023  | MAGNOLIA'S BEST STORAGE  |   |                             |                    |
| Amount (\$)   | Payee address;   | City;                                   | State;                      | Zip Code           |
| 224.00  | 37805 FM 1774, MAGNOLIA, TX 773  | 355                                     |                             |                    |
|   | Category (See Categories listed at the top of this schedule)                         | Description                             |                             |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                | OVERHEAD/RENTAL EXPENSE  | STORAGE FO                              | R CAMPAIG                   | N MATERIALS        |
|   | Check If travel outside of Texas, Complete Schedule T.                               | Check if Aust                           | in, TX, officeholder living | expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O   | Candidate / Officeholder name<br>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/Polltical Committee Credit Card Payment

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

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

|  | The Instruction Guide explains how to o                          | complete this form. |  |                    |
|--|--|---------------------|--|--------------------|
| 1 Total pages Schedule F1:   | 2 FILER NAME<br>CONSTABLE CHRIS JONES                            |                     | 3 Filer ID (Ethics                     | Commission Filers) |
| 4 Date 07/04/2023  | 5 Payee name ANTIQUE ROSE FLORIST                                |                     |  |                    |
| 6 Amount (\$)  | 7 Payee address;   | City;               | State;                                 | Zip Code           |
| 135.31   | 10540 FM 1488 RD, MAGNOLIA, TX                                   | 77354               |  |                    |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description     |  |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                       | GIFT/AWARD EXPENSE   | FLOWERS FO          | OR DEPUTY                              | FUNERAL            |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check If Austi      | n, TX, officeholder living             | expense            |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H                               | Office sought       |  | Office held        |
| Date   | Payee name   |                     |  |                    |
| 07/12/2023   | HELLO FLOWERS  |                     |  |                    |
| Amount (\$)  | Payee address;   | City;               | State;                                 | Zip Code           |
| 135.20   | 407 E FORT ST, DETROIT, MI 4822                                  | 6                   |  |                    |
|  | Category (See Categories listed at the top of this schedule)     | Description         | ······································ |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                       | GIFT/AWARD EXPENSE   | FLOWERS FOR         | FUNERAL OF                             | CONSTIUENT         |
|  | 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   |                     |  |                    |
| 07/13/2023   | SAUCED UP  |                     |  |                    |
| Amount (\$) 113.87   | Payee address;<br>36825 FM 1774, MAGNOLIA, TX 773                | City;<br>355        | State;                                 | Zip Code           |
|  | Category (See Categories listed at the top of this schedule)     | Description         |  |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                       | FOOD EXPENSE   | MEETING WIT         | TH CONSTIU                             | ENTS               |
|  | 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 NEI     | EDED                                   |                    |

#### SCHEDULE F1

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

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

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

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

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

| •  | The Instruction Guide explains how to d                          | complete this form. |                              |                    |
|--|--|---------------------|------------------------------|--------------------|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME<br>CONSTABLE CHRIS JONES                            |                     | 3 Filer ID (Ethics           | Commission Filers) |
| 4 Date 07/18/2023  | 5 Payee name<br>CORN AND RYE CATERING                            |                     |                              |                    |
| 6 Amount (\$)  | 7 Payee address;   | City;               | State;                       | Zip Code           |
| 27.50  | 10963 CUTTEN RD, HOUSTON, TX                                     | 77066               |                              |                    |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description     |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | FOOD/BEVERAGE EXPENSE  | FUNDRAISIN          | G EXPENSE                    |                    |
|  | (c) Check if travel outside of Texas. Complete Schedute T.       | Check if Aust       | iln, TX, officeholder living | expense            |
| 9 Complete ONLY if direct expenditure to benefit C/O       | Candidate / Officeholder name<br>-i                              | Office sought       | I                            | Office held        |
| Date   | Payee name   |                     |                              |                    |
| 07/18/2023   | KATE GILLEN  |                     |                              |                    |
| Amount (\$)  | Payee address;   | Cīty;               | State;                       | <b>Z</b> ip Code   |
| 100.00   | 28222 TIMBER VILLAGE, MAGNOL                                     | IA, TX 77355        |                              |                    |
|  | Category (See Categories listed at the top of this schedule)     | Description         |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | GIFT/AWARD   | GRADUATIO           | N GIFT TO CO                 | DNSTIUENT          |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Aust       | tin, TX, officeholder living | expense            |
| Complete ONLY if direct expenditure to benefit C/O         | Candidate / Officeholder name                                    | Office sought       |                              | Office held        |
| Date   | Payee name   |                     |                              |                    |
| 07/20/2023   | DRILLBIT ROUGHNECKS BASEBA                                       | LL                  |                              |                    |
| Amount (\$)  | Payee address;   | City;               | State;                       | Zip Code           |
| 1,200.00   | 14100 ADAMS LN, PINEHURST, TX                                    | 77362               |                              |                    |
|  | Category (See Categories listed at the top of this schedule)     | Description         |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | DONATION MADE BY OH  | DONATION TO         | O BASEBALL                   | TEAM               |
| •  | Check if travel outside of Texas. Complete Schedule T,           | Check if Aust       | tin, TX, officeholder living | expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | 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/Polltical Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundreising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| _  |   |                        |  | ·                  |
|--|---|------------------------|--|--------------------|
| 1 Total pages Schedule F1:                                 | CONSTABLE CHRIS JONES   |                        | 3 Filer ID (Ethics   | Commission Filers) |
| 4 Date 07/06/2023  | 5 Payee name<br>CLEARWATER EXPRESS WASH                           |                        | And the American Amer |                    |
| 6 Amount (\$)  | 7 Payee address;  | City;                  | State;   | Zip Code           |
| 14.99  | 14206 FM 1488 RD, MAGNOLIA, TX                                    | 77354                  |  |                    |
| 8  | (a) Category (See Categories listed at the top of this schedule)  | (b) Description        |  |                    |
| PURPOSE  | FEES  | CAR / COOK             | TRAILER WA   | \SH                |
| OF<br>EXPENDITURE  |   |                        |  |                    |
|  | (c) Check if travel outside of Texas. Complete Schedule T.        | Check if Aust          | in, TX, officeholder living  | expense            |
| 9 Complete ONLY if direct expenditure to benefit C/Oh      | Candidate / Officeholder name<br>H                                | Office sought          |  | Office held        |
| Date   | Payee name  |                        |  |                    |
| 08/06/2023   | CLEARWATER EXPRESS WASH   |                        |  |                    |
| Amount (\$)  | Payee address;  | City;                  | State;   | Zip Code           |
| 14.99  | 14206 FM 1488 RD, MAGNOLIA, TX                                    | 77354                  |  |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule) FEES | Description CAR / COOK | TRAILER WA   | <b>NSH</b>         |
|  | 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<br>I                                | Office sought          |  | Office held        |
| Date   | Payee name  |                        |  |                    |
| 09/06/2023   | CLEARWATER EXPRESS WASH   |                        |  |                    |
| Amount (\$)  | Payee address;  | City;                  | State;   | Zip Code           |
| 14.99  | 14206 FM 1488 RD, MAGNOLIA, TX                                    | 77354                  |  |                    |
|  | Category (See Categories listed at the top of this schedule)      | Description            |  |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | FEES  | CAR / COOK             | TRAILER WA   | SH                 |
|  | 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        |
|  | 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
Conclibutions/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                            | complete this form. |                                       |
|--|--|---------------------|---------------------------------------|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME<br>CONSTABLE CHRIS JONES                            |                     | 3 Filer ID (Ethlos Commission Filers) |
| 4 Date<br>10/06/2023                                       | 5 Payee name<br>CLEARWATER EXPRESS WASH                          | ****                |                                       |
| 6 Amount (\$)  | 7 Payee address;   | City;               | State; Zip Code                       |
| 14.99  | 14206 FM 1488 RD, MAGNOLIA, TX                                   | 77354               |                                       |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description     |                                       |
| PURPOSE<br>OF<br>EXPENDITURE                               | FEES   | CAR / COOK          | TRAILER WASH                          |
|  | (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<br>I                               | Office sought       | Office held                           |
| Date   | Payee name   |                     |                                       |
| 11/06/2023   | CLEARWATER EXPRESS WASH  |                     |                                       |
| Amount (\$)  | Payee address;   | City;               | State; Zip Code                       |
| 14.99  | 14206 FM 1488 RD, MAGNOLIA, TX<br>                               | 77354               |                                       |
|  | Category (See Categories listed at the top of this schedule)     | Description         |                                       |
| PURPOSE<br>OF<br>EXPENDITURE                               | FEES   | CAR / COOK          | TRAILER WASH                          |
|  | 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<br>I                               | Office sought       | Office held                           |
| Date   | Payee name   |                     |                                       |
| 12/06/2023   | CLEARWATER EXPRESS WASH  |                     |                                       |
| Amount (\$)  | Payee address;   | City;               | State; Zip Code                       |
| 14.99  | 14206 FM 1488 RD, MAGNOLIA, TX                                   | 77354               |                                       |
|  | Category (See Categories listed at the top of this schedule)     | Description         |                                       |
| PURPOSE<br>OF<br>EXPENDITURE                               | FEES   | CAR / COOK          | TRAILER WASH                          |
| ·  | 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/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/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 d                          | complete this form.  |                              |                    |
|--|--|----------------------|------------------------------|--------------------|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME<br>CONSTABLE CHRIS JONES                            |                      | 3 Filer ID (Ethics           | Commission Filers) |
| 4 Date   | 5 Payee name   |                      |                              |                    |
| 07/13/2023   | NCMA   |                      |                              |                    |
| 6 Amount (\$)  | 7 Payee address;   | City;                | State;                       | Zip Code           |
| 127.16   | 1818 LIBERY ST STE 500, RESTON                                   | I, VA 20190          |                              |                    |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description      |                              |                    |
| PURPOSE<br>OF  | FEES   | SYSTEM TRA           | AINING                       |                    |
| EXPENDITURE  |  |                      |                              |                    |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Aust        | in, TX, officeholder living  | expense            |
| 9 Complete ONLY if direct expenditure to benefit C/Oh      | Candidate / Officeholder name<br>I                               | Office sought        | (                            | Office held        |
| Date   | Payee name   |                      |                              |                    |
| 07/19/2023   | MONTGOMERY COUNTY  |                      |                              |                    |
| Amount (\$)  | Payee address;   | City;                | State;                       | Zip Code           |
| 100.00   | 19100 UNITY PARK DR, MAGNOLIA                                    | A, TX 77355          |                              |                    |
|  | Category (See Categories listed at the top of this schedule)     | Description          |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | OVERHEAD EXPENSE   | TAGS FOR C           | OOK TRAILEI                  | ₹                  |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Aust        | tin, TX, officeholder living | expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                    | Office sought        | (                            | Office held        |
| Date   | Payee name   |                      |                              |                    |
| 07/22/2023   | GREATER MAGNOLIA PARKWAY   | CHAMBER              |                              |                    |
| Amount (\$)  | Payee address;   | City;                | State;                       | Zip Code           |
| 135.00   | 18423 FM 1488 STE C, MAGNOLIA,                                   | TX 77354             |                              |                    |
|  | Category (See Categories listed at the top of this schedule)     | Description          |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | FOOD/BEVERAGE EXPENSE  | CHAMBER LUCONSTIUENT |                              | ΤΉ                 |
|  | Check if travel outside of Texas. Complete Schedute T.           | Check if Aust        | tin, TX, officeholder living | expense            |
| Complete ONLY if direct                                    | Candidate / Officeholder name                                    | Office sought        |                              | Office held        |
| expenditure to benefit C/OF                                | 1  |                      |                              |                    |
|  | 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/Donalions Made By
Candidate/Officeholder/Political Committee

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

|   | The Instruction Guide explains how to o   | complete this form.                                    |  |
|---|---|--|--|
| 1 Total pages Schedule F1:  | 2 FILER NAME<br>CONSTABLE CHRIS JONES   |  | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date  | 5 Payee name  |  | Angling of the Company of the Compan |
| 08/10/2023  | MAGNOLIA AUTO   | City a   | Chata. 7'- Cada  |
| 6 Amount (\$)   | 7 Payee address;  | City;  | State; Zip Code  |
| 2,650.56  | 17852 FM 1488, MAGNOLIA, TX 773   | 555  |  |
| 8   | (a) Category (See Categories listed at the top of this schedule)  | (b) Description  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | DONATION MADE BY OH   | REPAIRS FO   | R CAR DONATION   |
|   | (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/OI   | Candidate / Officeholder name<br>I  | Office sought  | Office held  |
| Date  | Payee name  |  |  |
| 07/28/2023  | AVIE GILLEN   |  |  |
| Amount (\$)   | Payee address;  | City;  | State; Zip Code  |
| 100.00  | 28222 TIMBER VILLAGE, MAGNOL  | IA, TX 77355   |  |
| ,   | Category (See Categories listed at the top of this schedule)  | Description  |  |
| PURPOSE   | GIFT  | GRADUATIO  | N GIFT TO CONSTIUENT   |
| OF  |   |  |  |
| EXPENDITURE   |   |  |  |
| EXPENDITURE   | 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   | Check if Aust<br>Office sought                         | in, TX, officeholder living expense Office held  |
| Complete ONLY if direct   | Candidate / Officeholder name   |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI  | Candidate / Officeholder name   |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oi  | Candidate / Officeholder name Payee name WESLEY OLDHAM Payee address;   | Office sought  City;                                   |  |
| Complete ONLY if direct expenditure to benefit C/OI  Date  08/01/2023                                     | Candidate / Officeholder name   | Office sought  City;                                   | Office held  |
| Complete ONLY if direct expenditure to benefit C/Ol  Date  08/01/2023  Amount (\$)                        | Candidate / Officeholder name Payee name WESLEY OLDHAM Payee address;   | Office sought  City;                                   | Office held  |
| Complete ONLY if direct expenditure to benefit C/Ol  Date  08/01/2023  Amount (\$)                        | Candidate / Officeholder name  Payee name  WESLEY OLDHAM  Payee address;  25703 PIPESTEM DR, MAGNOLIA,  | Office sought  City; TX 77355  Description             | Office held  |
| Complete ONLY if direct expenditure to benefit C/Oil  Date  08/01/2023  Amount (\$)  1,000.00  PURPOSE OF | Candidate / Officeholder name  Payee name  WESLEY OLDHAM  Payee address;  25703 PIPESTEM DR, MAGNOLIA,  Category (See Categories listed at the top of this schedule)  | Office sought  City; TX 77355  Description DONATION To | Office held State; Zip Code  |
| Complete ONLY if direct expenditure to benefit C/Oil  Date  08/01/2023  Amount (\$)  1,000.00  PURPOSE OF | Candidate / Officeholder name  Payee name  WESLEY OLDHAM  Payee address; 25703 PIPESTEM DR, MAGNOLIA,  Category (See Categories listed at the top of this schedule)  CONTRIBUTION MADE BY OH  Check if travel outside of Texas, Complete Schedule T.  Candidate / Officeholder name | Office sought  City; TX 77355  Description DONATION To | Office held State; Zip Code O CONSTIUENT   |

## SCHEDULE F1

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

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

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

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

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

|  | The Instruction Guide explains how to c                          | complete this form.      |                              |                      |
|--|--|--------------------------|------------------------------|----------------------|
| 1 Total pages Schedule F1:                           | 2 FILER NAME<br>CONSTABLE CHRIS JONES                            |                          | 3 Filer ID (Ethic            | s Commission Filers) |
| 4 Date 08/04/2023                                    | 5 Payee name<br>GMPCC  |                          |                              |                      |
| 6 Amount (\$)  | 7 Payee address;   | City;                    | State;                       | Zip Code             |
| 1,700.00   | 18423 FM 1488 STE C, MAGNOLIA,                                   | TX 77354                 |                              |                      |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description          |                              |                      |
| PURPOSE<br>OF<br>EXPENDITURE                         | FEES   | ANNUAL CHA<br>PARADE SPO |                              | S AND                |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Aust            | tin, TX, officeholder living | g expense            |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H                               | Office sought            |                              | Office held          |
| Date   | Payee name   |                          |                              |                      |
| 08/01/2023   | KAIJU YAKI CATERING  |                          |                              |                      |
| Amount (\$)  | Payee address;   | City;                    | State;                       | Zip Code             |
| 938.47   | 22419 MEADOWSWEET DR, MAGN                                       | IOLIA, TX 7735           | 55                           |                      |
|  | Category (See Categories listed at the top of this schedule)     | Description              |                              |                      |
| PURPOSE  | FOOD/BEVERAGE EXPENSE  | MEETING WI               | TH CONSTIL                   | JENTS                |
| OF<br>EXPENDITURE                                    |  |                          |                              |                      |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Aust            | lin, TX, officeholder living | g expense            |
| Complete ONLY if direct expenditure to benefit C/O   | Candidate / Officeholder name<br>H                               | Office sought            |                              | Office held          |
| Date   | Payee name   |                          |                              |                      |
| 08/01/2023   | TUFF   |                          |                              |                      |
| Amount (\$)  | Payee address;   | City;                    | State;                       | Zip Code             |
| 1,000.00   | 6606 FM 1488 STE 148-686, MAGNO                                  | OLIA, TX 77354           | 1                            |                      |
|  | Category (See Categories listed at the top of this schedule)     | Description              |                              |                      |
| PURPOSE<br>OF<br>EXPENDITURE                         | DONATION MADE BY OH  | TABLE FOR B              | BANQUET                      |                      |
|  | 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<br>H                               | Office sought            |                              | Office held          |
|  | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NE           | EDED                         |                      |

### SCHEDULE F1

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

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Potling Expense Printing Expense Salarles/Wages/Contract Labor

|   | i ne instruction Guide explains now to d   | complete this form.                  |                              |                    |
|---|--|--------------------------------------|------------------------------|--------------------|
| 1 Total pages Schedule F1:                                  | 2 FILER NAME<br>CONSTABLE CHRIS JONES  |                                      | 3 Filer ID (Ethics           | Commission Filers) |
| 4 Date 07/25/2023   | 5 Payee name<br>AMAZON   |                                      |                              |                    |
| 6 Amount (\$)   | 7 Payee address;   | City;                                | State;                       | Zlp Code           |
| 85.79   | 410 TERRY AVE N, SEATTLE, WAS  | 98109                                |                              |                    |
| 8   | (a) Category (See Categories listed at the top of this schedule)                   | (b) Description                      |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                | OFFICE OVERHEAD  | OFFICE SUPI                          | PLIES                        |                    |
|   | (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<br>H   | Office sought                        | W                            | Office held        |
| Date  | Payee name   |                                      |                              |                    |
| 07/26/2023  | 5 DE MAYO  |                                      |                              |                    |
| Amount (\$)   | Payee address;   | City;                                | State;                       | Zip Code           |
| 41.11   | 18423 FM 1488, MAGNOLIA, TX 773  | 354                                  |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                | Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE | Description MEETING WITH CONSTIUENTS |                              | JENTS              |
|   | Check if travel outside of Texas. Complete Schedule T.                             | Check if Aust                        | tin, TX, officeholder living | expense            |
| Complete <u>ONLY</u> If direct expenditure to benefit C/OI  | Candidate / Officeholder name<br>H   | Office sought                        |                              | Office held        |
| Date  | Payee name   |                                      |                              |                    |
| 07/26/2023  | AMAZON   |                                      |                              |                    |
| Amount (\$)   | Payee address;   | City;                                | State;                       | Zip Code           |
| 263.76  | 410 TERRY AVE N, SEATTLE, WA 9   | 98109                                |                              |                    |
|   | Category (See Categories listed at the top of this schedule)                       | Description                          |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                | EVENT EXPENSE  | NATIONAL NI                          | GHT OUT HA                   | NDOUTS             |
|   | 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<br>H   | Office sought                        |                              | Office held        |
|   | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NE                       | EDED                         |                    |

SCHEDULE F1

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

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

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

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

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

|  | The Instruction Guide explains how to d  | complete this form,                  |                             |                    |
|--|--|--------------------------------------|-----------------------------|--------------------|
| 1 Total pages Schedule F1:   | 2 FILER NAME<br>CONSTABLE CHRIS JONES  |                                      | 3 Filer ID (Ethic           | Commission Filers) |
| 4 Date 07/27/2023  | 5 Payee name<br>AMAZON   |                                      |                             |                    |
| 6 Amount (\$)<br>80.18   | 7 Payee address;<br>410 TERRY AVE N, SEATTLE, WAS                                  | City;<br>98109                       | State;                      | Zip Code           |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD   | (b) Description OFFICE SUPI          | PLIES                       |                    |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                         | Check If Aust                        | in, TX, officeholder living | g expense          |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H   | Office sought                        |                             | Office held        |
| Date   | Payee name   |                                      |                             |                    |
| 07/29/2023   | FREYBURG HALL  |                                      |                             |                    |
| Amount (\$)  | Payee address;   | City;                                | State;                      | Zip Code           |
| 344.99   | 5701 FREYBURG HALL RD, SCHUL   | .ENBURG, TX                          | 78956                       |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                       | Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE | Description MEETING WITH CONSTIUENTS |                             | JENTS              |
|  | Check if travel outside of Texas. Complete Schedule T.                             | Check if Aust                        | tin, TX, officeholder livin | g expense          |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O          | Candidate / Officeholder name<br>H   | Office sought                        | 4-1-1-1-1                   | Office held        |
| Date   | Payee name   |                                      |                             |                    |
| 07/26/2023   | AMAZON   |                                      |                             |                    |
| Amount (\$)  | Payee address;   | City;                                | State;                      | Zip Code           |
| 64.34  | 410 TERRY AVE N, SEATTLE, WAS  | 98109                                |                             |                    |
|  | Category (See Categories listed at the top of this schedule)                       | Description                          |                             | ···                |
| PURPOSE<br>OF<br>EXPENDITURE                                       | OFFICE OVERHEAD  | PRINTER INK                          |                             |                    |
|  | Check if travel outside of Texas, Complete Schedule T.                             | Check if Ausi                        | tin, TX, officeholder livin | g expense          |
| Complete <u>CNLY</u> if direct expenditure to benefit C/O          | Candidate / Officeholder name<br>H   | Office sought                        |                             | Office held        |
|  | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NE                       | EDED                        |                    |

### SCHEDULE F1

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

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

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

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

The instruction Guide explains how to complete this form.

|   | The instruction duide explains now to                                      |                            |                                       |                      |
|---|--|----------------------------|---------------------------------------|----------------------|
| 1 Total pages Schedule F1:                                | 2 FILER NAME<br>CONSTABLE CHRIS JONES                                      |                            | 3 Filer 1D (Ethics                    | S Commission Filers) |
| 4 Date 08/02/2023   | 5 Payee name<br>RANCHO GRANDE  |                            |                                       |                      |
| 6 Amount (\$)   | 7 Payee address;   | City;                      | State;                                | Zip Code             |
| 46.76   | 18914 FM 1488 RD, MAGNOLIA, TX   | 77355                      |                                       |                      |
| 8   | (a) Category (See Categories listed at the top of this schedule)           | (b) Description            |                                       | -                    |
| PURPOSE<br>OF<br>EXPENDITURE                              | FOOD/BEVERAGE EXPENSE  | MEETING WI                 | TH CONSTIU                            | ENTS                 |
|   | (c) Check if travel outside of Texas. Complete Schedule T.                 | Check If Aust              | in, TX, officeholder living           | j expense            |
| 9 Complete ONLY if direct expenditure to benefit C/Oh     | Candidate / Officeholder name<br>H   | Office sought              |                                       | Office held          |
| Date  | Payee name   |                            |                                       |                      |
| 08/03/2023  | AMAZON   |                            |                                       |                      |
| Amount (\$)   | Payee address;   | City;                      | State;                                | Zip Code             |
| 7.52  | 410 TERRY AVE N, SEATTLE, WAS  | 98109                      |                                       |                      |
| PURPOSE<br>OF<br>EXPENDITURE                              | Category (See Categories listed at the top of this schedule) EVENT EXPENSE | NATIONAL NIGHT OUT SUPPLIE |                                       |                      |
|   | Check if travel outside of Texas, Complete Schedute T,                     | Check if Aust              | in, TX, officeholder living           | ] expense            |
| Complete ONLY if direct expenditure to benefit C/Ol       | Candidate / Officeholder name  | Office sought              |                                       | Office held          |
| Date  | Payee name   |                            |                                       |                      |
| 08/04/2023  | AMAZON   |                            |                                       |                      |
| Amount (\$)   | Payee address;   | City;                      | State;                                | Zip Code             |
| 25.60   | 410 TERRY AVE N, SEATTLE, WA 9   | 98109                      |                                       |                      |
|   | Category (See Categories listed at the top of this schedule)               | Description                | · · · · · · · · · · · · · · · · · · · |                      |
| PURPOSE<br>OF<br>EXPENDITURE                              | EVENT EXPENSE  | NATIONAL NI                | GHT OUT SU                            | JPPLIES              |
|   | Check if travel outside of Texas. Complete Schedule T.                     | Check if Aust              | in, TX, officeholder living           | g expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name  | Office sought              |                                       | Office held          |
|   | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NE             | EDED                                  |                      |

## SCHEDULE F1

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

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

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

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

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

| •  | The Instruction Guide explains how to o                          | complete this form.         |                                       |  |  |
|--|--|-----------------------------|---------------------------------------|--|--|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME<br>CONSTABLE CHRIS JONES                            |                             | 3 Filer ID (Ethics Commission Filers) |  |  |
| 4 Date 08/03/2023  | 5 Payee name<br>SAUCED UP  |                             |                                       |  |  |
| 6 Amount (\$)  | 7 Payee address;   | City;                       | State; Zlp Code                       |  |  |
| 34.30  | 36825 FM 1774 RD, MAGNOLIA, TX                                   | 77355                       |                                       |  |  |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description             |                                       |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                               | FOOD/BEVERAGE EXPENSE  | MEETING WI                  | NG WITH CONSTIUENTS                   |  |  |
|  | (c) Check if travel outside of Texas. Complete Schedute T.       | Check If Aust               | in, TX, officeholder living expense   |  |  |
| 9 Complete ONLY if direct expenditure to benefit C/Oh      | Candidate / Officeholder name<br>I                               | Office sought               | Office held                           |  |  |
| Date   | Payee name   |                             |                                       |  |  |
| 08/04/2023   | AMAZON   |                             |                                       |  |  |
| Amount (\$)  | Payee address;   | City;                       | State; Zip Code                       |  |  |
| 84.96  | 410 TERRY AVE N, SEATTLE, WA 9                                   | 98109                       |                                       |  |  |
|  | Category (See Categories listed at the top of this schedule)     | Description                 |                                       |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                               | EVENT EXPENSE  | NATIONAL NIGHT OUT SUPPLIES |                                       |  |  |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Aust               | rin, 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   |                             |                                       |  |  |
| 08/08/2023   | AMAZON   |                             |                                       |  |  |
| Amount (\$) 4.32   | Payee address;<br>410 TERRY AVE N, SEATTLE, WA 9                 | City;<br>98109              | State; Zip Code                       |  |  |
|  | Category (See Categories listed at the top of this schedule)     | Description                 |                                       |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                               | EVENT EXPENSE  | NATIONAL NI                 | GHT OUT SUPPLIES                      |  |  |
|  | Check if travel outside of Texas. Complete Schedule T,           | Check if Aust               | in, TX, officeholder living expense   |  |  |
| Complete ONLY if direct                                    | Candidate / Officeholder name                                    | Office sought               | Office held                           |  |  |
| expenditure to benefit C/OF                                | 1  |                             |                                       |  |  |
|  | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NE              | EDED                                  |  |  |

SCHEDULE F1

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

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

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

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

The Instruction Guide explains how to complete this form.

|  | The instruction dutie explains now to                            | complete this lonn.      |                             |                      |  |
|--|--|--------------------------|-----------------------------|----------------------|--|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME<br>CONSTABLE CHRIS JONES                            |                          | 3 Filer ID (Ethic           | s Commission Filers) |  |
| 4 Date 08/08/2023  | 5 Payee name<br>O'REILLY AUTO PARTS                              |                          | 1                           |                      |  |
| 6 Amount (\$)  | 7 Payee address;   | City;                    | State;                      | Zip Code             |  |
| 32.46  | 40930 FM 1774 RD, MAGNOLIA, TX                                   | 77354                    |                             |                      |  |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description          |                             |                      |  |
| PURPOSE<br>OF<br>EXPENDITURE                               | OVERHEAD EXPENSE   | PARTS FOR                | PARTS FOR COOK TRAILER      |                      |  |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check If Aust            | in, TX, officeholder living | д ехрепsе            |  |
| 9 Complete ONLY if direct expenditure to benefit C/O       | Candidate / Officeholder name<br>H                               | Office sought            |                             | Office held          |  |
| Date   | Payee name   |                          |                             |                      |  |
| 08/08/2023   | HALF BAKED GOODNESS  |                          |                             |                      |  |
| Amount (\$)  | Payee address;   | City;                    | State;                      | Zip Code             |  |
| 64.82  | 13650 FM 1488 RD, MAGNOLIA, TX                                   | 77354                    |                             |                      |  |
|  | Category (See Categories listed at the top of this schedule)     | Description              |                             |                      |  |
| PURPOSE<br>OF<br>EXPENDITURE                               | DONATION MADE BY OH  | COOKIES FOR SCHOOL PIZZA |                             |                      |  |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Aust            | in, TX, officeholder living | expense              |  |
| Complete <u>ONLY</u> If direct expenditure to benefit C/OH | Candidate / Officeholder name<br>ਜ                               | Office sought            |                             | Office held          |  |
| Date   | Payee name   |                          |                             |                      |  |
| 08/08/2023   | DOMINO'S PIZZA   |                          |                             |                      |  |
| Amount (\$)<br>140.63                                      | Payee address;<br>18602 FM 1488 RD, MAGNOLIA, TX                 | City;<br>77354           | State;                      | Zip Code             |  |
|  | Category (See Categories listed at the top of this schedule)     | Description              |                             |                      |  |
| PURPOSE<br>OF<br>EXPENDITURE                               | DONATION MADE BY OH  | SCHOOL PIZZ              | ZA PARTY                    |                      |  |
|  | Check if travel outside of Texas, Complete Schedule T.           | Check if Aust            | in, TX, officeholder living | ] expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate / Officeholder name                                    | Office sought            |                             | Office held          |  |
|  | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NE           | EDED                        |                      |  |

#### SCHEDULE F1

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

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

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

The Instruction Guide explains how to complete this form,

|  | The manuchon duide explains now to   | combiere mis iniui'                  |                              |                    |
|--|--|--------------------------------------|------------------------------|--------------------|
| 1 Total pages Schedule F1:   | 2 FILER NAME<br>CONSTABLE CHRIS JONES  |                                      | 3 Filer ID (Ethics           | Commission Filers) |
| 4 Date 08/08/2023  | 5 Payee name<br>HARBOR FREIGHT   |                                      |                              |                    |
| 6 Amount (\$)  | 7 Payee address;   | City;                                | State;                       | Zip Code           |
| 159.88   | 1405 I 45 N, CONROE, TX 77304  |                                      |                              |                    |
| 8  | (a) Category (See Categories listed at the top of this schedule)                   | (b) Description                      |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                       | OVERHEAD EXPENSE   | TOOLS FOR                            | COOK TRAIL                   | ER                 |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                         | Check If Aus                         | tln, TX, officeholder living | expense            |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name<br>ਮ   | Office sought                        |                              | Office held        |
| Date   | Payee name   |                                      |                              |                    |
| 08/10/2023   | GRINGO'S   |                                      |                              |                    |
| Amount (\$)  | Payee address;   | City;                                | State;                       | Zip Code           |
| 189.98   | 4300 HWY 6 FRONTAGE RD, COLL   | EGE STATION                          | I, TX 77845                  |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                       | Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE | Description MEETING WITH CONSTIUENTS |                              | JENTS              |
|  | Check if travel outside of Texas, Complete Schedule T.                             | Check if Aus                         | tin, TX, officeholder living | expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O          | Candidate / Officeholder name<br>H   | Office sought                        |                              | Office held        |
| Date   | Payee name   |                                      |                              |                    |
| 08/11/2023   | JOES PIZZA AND PASTA   |                                      |                              |                    |
| Amount (\$) 24.00  | Payee address;<br>1604 N FRAZIER ST, CONROE, TX                                    | City;<br>77301                       | State;                       | Zip Code           |
|  | Category (See Categories listed at the top of this schedule)                       | Description                          |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                       | FOOD/BEVERAGE EXPENSE  | MEETING WI                           | TH CONSTIU                   | ENTS               |
|  | Check if travel outside of Texas. Complete Schedule T.                             | Check if Aus                         | tin, TX, officeholder living | expense            |
| Complete <u>ONLY</u> If direct expenditure to benefit C/O          | Candidate / Officeholder name<br>H   | Office sought                        |                              | Office held        |
|  | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NE                       | EDED                         |                    |

SCHEDULE F1

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

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

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

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

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

|  | The Instruction Guide explains how to a                                       | complete this form,   |                              |                    |
|--|---|-----------------------|------------------------------|--------------------|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME<br>CONSTABLE CHRIS JONES   | ·                     | 3 Filer ID (Ethics           | Commission Filers) |
| 4 Date 08/11/2023  | 5 Payee name VISTAPRINT   |                       |                              |                    |
| 6 Amount (\$)  | 7 Payee address;  | City;                 | State;                       | Zip Code           |
| 128.68   | 275 WYMAN ST, WALTHAM, MA 02  | 451                   |                              |                    |
| 8  | (a) Category (See Categories listed at the top of this schedule)              | (b) Description       |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | ADVERTISING EXPENSE   | BINGO TICKE           | ETS                          |                    |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                    | Check if Aus          | tin, TX, officeholder living | expense            |
| 9 Complete ONLY if direct expenditure to benefit C/Oh      | Candidate / Officeholder name<br>H  | Office sought         |                              | Office held        |
| Date   | Payee name  | . , . ,               |                              |                    |
| 08/13/2023   | MAGNOLIA HARDWARE   |                       |                              |                    |
| Amount (\$)  | Payee address;  | City;                 | State;                       | Zip Code           |
| 30.60  | 19025 FM 1488, MAGNOLIA, TX 77:   | 355                   |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule) OVERHEAD EXPENSE | Description PARTS FOR | COOK TRAIL                   | ER                 |
|  | Check if travel outside of Texas. Complete Schedule T.                        | Check If Aus          | tin, TX, officeholder living | expense            |
| Complete <u>ONLY</u> If direct expenditure to benefit C/OH | Candidate / Officeholder name<br>H  | Office sought         |                              | Office held        |
| Date   | Payee name  |                       |                              |                    |
| 08/13/2023   | RANCHO GRANDE   |                       |                              |                    |
| Amount (\$) 129.78   | Payee address;<br>18914 FM 1488, MAGNOLIA, TX 773                             | City;<br>355          | State;                       | Zip Code           |
|  | Category (See Categories listed at the top of this schedule)                  | Description           |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | FOOD/BEVERAGE EXPENSE   | MEETING WI            | TH CONSTIU                   | ENTS               |
|  | Check if travel outside of Texas, Complete Schedule T.                        | Check if Aus          | tin, 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 NE        | EDED                         |                    |

## SCHEDULE F1

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

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

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

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

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

|  | The Instruction Guide explains how to                            | complete this form. |                            |                      |
|--|--|---------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME<br>CONSTABLE CHRIS JONES                            |                     | 3 Filer ID (Ethica         | s Commission Filers) |
| 4 Date<br>08/20/2023                                       | 5 Payee name<br>GRINGO'S   |                     |                            |                      |
| 6 Amount (\$)  | 7 Payee address;   | City;               | State;                     | Zlp Code             |
| 224.75   | 4300 HWY 6 FRONTAGE RD, COLL                                     | EGE STATION         | , TX 77845                 |                      |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description     |                            |                      |
| PURPOSE<br>OF<br>EXPENDITURE                               | FOOD/BEVERAGE EXPENSE  | MEETING WIT         | TH CONSTIU                 | ENTS                 |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check If Austi      | n, TX, officeholder living | s expense            |
| 9 Complete ONLY if direct expenditure to benefit C/O       | Candidate / Officeholder name<br>H                               | Office sought       |                            | Office held          |
| Date   | Payee name   |                     |                            |                      |
| 08/23/2023   | THE MEATING PLACE  |                     |                            |                      |
| Amount (\$)  | Payee address;   | City;               | State;                     | Zip Code             |
| 157.77   | 41902 FM 1774, MAGNOLIA, TX 773                                  | 355                 |                            |                      |
|  | Category (See Categories listed at the top of this schedule)     | Description         |                            |                      |
| PURPOSE<br>OF<br>EXPENDITURE                               | FOOD/BEVERAGE EXPENSE  | MEETING WI          | TH CONSTIL                 | JENTS                |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austi      | n, TX, officeholder living | ı expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate / Officeholder name<br>H                               | Office sought       |                            | Office held          |
| Date   | Payee name   |                     |                            |                      |
| 08/24/2023   | BOOT BARN  |                     |                            |                      |
| Amount (\$) 121.47   | Payee address;<br>28593 TX 249, TOMBALL, TX 77375                | City;               | State;                     | Zip Code             |
|  | Category (See Categories listed at the lop of this schedule)     | Description         |                            |                      |
| PURPOSE<br>OF<br>EXPENDITURE                               | EVENT EXPENSE  | SUPPLIES FO         | R BANQUET                  | -                    |
|  | 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 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/Donalions Made By
Candidate/Officeholder/Political Committee

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

| Storm Sulet Byrnon   | The Instruction Guide explains how to                                       | complete this form.         |                              |                    |
|--|---|-----------------------------|------------------------------|--------------------|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME<br>CONSTABLE CHRIS JONES                                       |                             | 3 Filer ID (Ethics           | Commission Filers) |
| 4 Date<br>08/24/2023                                       | 5 Payee name PHONE.COM  |                             |                              |                    |
| 6 Amount (\$)  | 7 Payee address;  | City;                       | State;                       | Zip Code           |
| 173.36   | 184 SO LIVINGSTON AVE STE 9-22  | 22, LIVINGSTO               | N, NJ 07039                  |                    |
| 8  | (a) Category (See Categories listed at the top of this schedule)            | (b) Description             |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | OVERHEAD EXPENSE  | PHONE                       |                              |                    |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                  | Check if Ausi               | tin, TX. officeholder living | expense            |
| 9 Complete ONLY if direct expenditure to benefit C/OI      | Candidate / Officeholder name   | Office sought               |                              | Office held        |
| Date   | Payee name  |                             |                              |                    |
| 08/24/2023   | ACADEMY   |                             |                              |                    |
| Amount (\$) 252.11   | Payee address;<br>14221 FM 2920, TOMBALL, TX 7737                           | City;                       | State;                       | Zip Code           |
|  | Category (See Categories listed at the top of this schedule)  EVENT EXPENSE | Description                 |                              | IDDLIEG            |
| PURPOSE<br>OF<br>EXPENDITURE                               | EVENT EXICINOL  | NATIONAL NIGHT OUT SUPPLIES |                              |                    |
|  | Check if travel outside of Texas. Complete Schedule T.                      | Check If Aus                | tin, TX, officeholder living | expense            |
| Complete ONLY if direct expenditure to benefit C/O         | Candidate / Officeholder name   | Office sought               | ,                            | Office held        |
| Dafe   | Payee name  |                             |                              |                    |
| 08/26/2023   | SCHULENBURG LIQUOR  |                             |                              |                    |
| Amount (\$)  | Payee address;  | City;                       | State;                       | Zip Code           |
| 1,164.77   | 317 SUMMIT ST, SCHULENBURG, 1   | TX 78956                    |                              |                    |
|  | Category (See Categories listed at the top of this schedule)                | Description                 |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | GIFTS / AWARDS EXPENSE  | GIFTS FOR C                 | ONSTIUENTS                   | 3                  |
|  | Check if travel outside of Texas, Complete Schedule T.                      | Check if Aust               | tin, TX, officeholder living | expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate / Officeholder name   | Office sought               |                              | Office held        |
|  | ATTACH ADDITIONAL COPIES OF THIS  | SCHEDULE AS NE              | EDED                         |                    |

## SCHEDULE F1

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

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

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

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

Loan Repayment/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, |                                     |
|---|--|---------------------|-------------------------------------|
| Total pages Schedule F                                  | F1: 2 FILER NAME<br>CONSTABLE CHRIS JONES                        | 3                   | Filer ID (Ethics Commission Filers) |
| Date 08/27/2023   | 5 Payee name<br>BARTENDING 2 U                                   |                     |                                     |
| Amount (\$)   | 7 Payee address;   | City;               | State; Zip Code                     |
| 101.20  | 4560 W 34TH ST STE A, HOUSTON                                    | I, TX 77092         | ,                                   |
|   | (a) Category (See Categories listed at the top of this schedule) | (b) Description     |                                     |
| PURPOSE<br>OF<br>EXPENDITURE                            | FOOD/BEVERAGE EXPENSE  | TUFF BANQUE         | Т                                   |
|   | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austin, T  | X, officeholder living expense      |
| Complete ONLY if direct expenditure to benefit C        |  | Office sought       | Office held                         |
| Date  | Payee name   |                     |                                     |
| 08/27/2023  | TUFF   |                     |                                     |
| Amount (\$)   | Payee address;   | City;               | State; Zip Code                     |
| 207.25  | 6606 FM 1488 STE 148-686, MAGN                                   | OLIA, TX 77354      |                                     |
|   | Category (See Categories listed at the top of this schedule)     | Description         |                                     |
| PURPOSE<br>OF<br>EXPENDITURE                            | DONATION MADE BY OH  | TUFF BANQUE         | Т                                   |
|   | Check if travel outside of Texas, Complete Schedule T.           | Check if Austin, T  | X, officeholder living expense      |
| Complete <u>QNLY</u> if direct expenditure to benefit C |  | Office sought       | Office held                         |
| Date  | Payee name   |                     |                                     |
| 08/28/2023  | AMAZON   |                     |                                     |
| Amount (\$)   | Payee address;   | City;               | State; Zip Code                     |
| 39.06   | 410 TERRY AVE N, SEATTLE, WAS                                    | 98109               |                                     |
|   | Category (See Categories listed at the top of this schedule)     | Description         |                                     |
| PURPOSE<br>OF<br>EXPENDITURE                            | OVERHEAD EXPENSE   | OFFICE SUPPL        | IES                                 |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin, T  | X, officeholder living expense      |
| Complete ONLY if direct expenditure to benefit C        |  | Office sought       | Office held                         |
|   | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULFASNEED      | ED .                                |
| ,                 |  |                     | D                                   |

## SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

|  | The instruction Guide explains now to c  | complete this form.    |                             |                      |
|--|--|------------------------|-----------------------------|----------------------|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME<br>CONSTABLE CHRIS JONES  |                        | 3 Filer ID (Ethic           | s Commission Filers) |
| 4 Date 08/31/2023  | 5 Payee name<br>APRICITY FOUNDATION  |                        |                             |                      |
| 6 Amount (\$)  | 7 Payee address;   | City;                  | State;                      | Zip Code             |
| 263.73   | 2257 N LOOP 336 STE 140, CONRC   | DE, TX 77304           |                             |                      |
| 8  | (a) Category (See Categories listed at the top of this schedule)                 | (b) Description        |                             |                      |
| PURPOSE<br>OF<br>EXPENDITURE                                 | DONATION MADE BY OH  | BANQUET DO             | NATION                      |                      |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                       | Check if Austi         | in, TX, officeholder living | j expense            |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate / Officeholder name<br>H   | Office sought          | *******                     | Office held          |
| Date   | Payee name   | ,                      |                             |                      |
| 08/28/2023   | TUFF   |                        |                             |                      |
| Amount (\$)  | Payee address;   | City;                  | State;                      | Zìp Code             |
| 1,139.90   | 6606 FM 1488 STE 148-686, MAGNO  | OLIA, TX 77354         | 1                           |                      |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule) DONATION MADE BY OH | Description TUFF BANQU | JET                         |                      |
|  | Check if travel culside of Texas. Complete Schedule T.                           | Check if Austi         | ln, TX, officeholder livin  | g expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh   | Candidate / Officeholder name  | Office sought          |                             | Office held          |
| Date   | Payee name   |                        |                             |                      |
| 08/31/2023   | MCELROY'S HARBOR HOUSE   |                        |                             |                      |
| Amount (\$)  | Payee address;   | City;                  | State;                      | Zip Code             |
| 50.99  | 695 BEACH BLVD, BILOXI, MS 3953  | 30                     |                             |                      |
|  | Category (See Categories listed at the top of this schedule)                     | Description            |                             |                      |
| PURPOSE<br>OF<br>EXPENDITURE                                 | FOOD/BEVERAGE EXPENSE  | CAMPAIGN M             | EETING                      |                      |
|  | Check if travel outside of Texas. Complete Schedule T.                           | Check if Austi         | in, TX, officeholder livin  | g expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF   | Candidate / Officeholder name  | Office sought          |                             | Office held          |
|  | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NE         | EDED                        |                      |

## SCHEDULE F1

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

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form,

| 1 Total pages Schedule F1:                           | 2 FILER NAME<br>CONSTABLE CHRIS JONES                                     |                       | 3 Filer ID (Ethlo            | s Commission Filers) |
|--|---|-----------------------|------------------------------|----------------------|
| 4 Date 09/01/2023                                    | 5 Payee name<br>ADVENTURES PUB  |                       |                              |                      |
| 6 Amount (\$)  | 7 Payee address;  | City;                 | State;                       | Zlp Code             |
| 44.19  | 132 LAMEUSE ST, BILOXI, MS 395  | 30                    |                              |                      |
| 8  | (a) Category (See Categories listed at the top of this schedule)          | (b) Description       |                              |                      |
| PURPOSE<br>OF<br>EXPENDITURE                         | FOOD/BEVERAGE EXPENSE   | MEETING WI            | TH CONSTIL                   | IENTS                |
|  | (C) Check if travel outside of Texas. Complete Schedule T.                | Check if Aust         | in, TX, officeholder living  | j expense            |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H  | Office sought         |                              | Office held          |
| Date   | Payee name  |                       |                              |                      |
| 09/06/2023   | SHELBY WALLING  |                       |                              |                      |
| Amount (\$)  | Payee address;  | City;                 | State;                       | Zip Code             |
| 500.00   | 24502 PIPESTEM, MAGNOLIA, TX  | 77355                 |                              |                      |
| PURPOSE<br>OF<br>EXPENDITURE                         | Category (See Categories listed at the top of this schedule) GIFT EXPENSE | Description GRADUATIO | N GIFT FOR                   | CONSTIUENT           |
|  | Check if travel outside of Texas. Complete Schedule T.                    | Check if Aust         | ıln, TX, officeholder living | j expense            |
| Complete ONLY if direct expenditure to benefit C/OI  | Candidate / Officeholder name   | Office sought         |                              | Office held          |
| Date   | Payee name  |                       |                              |                      |
| 09/01/2023   | MYFA  |                       |                              |                      |
| Amount (\$)  | Payee address;  | City;                 | State;                       | Zip Code             |
| 750.00   | 31660 SUGAR BEND DR, MAGNOL   | IA, TX 77355          |                              |                      |
|  | Category (See Categories listed at the top of this schedule)              | Description           |                              |                      |
| PURPOSE<br>OF<br>EXPENDITURE                         | DONATION BY OH  | DONATION TO           | O FOOTBALL                   | -                    |
|  | Check if travel outside of Texas. Complete Schedule T,                    | Check if Aust         | in, TX, officeholder living  | g expense            |
| Complete ONLY if direct                              | Candidate / Officeholder name   | Office sought         |                              | Office held          |
| expenditure to benefit C/O                           | 1   |                       |                              |                      |
|  | ATTACH ADDITIONAL COPIES OF THIS  | SCHEDULE AS NE        | EDED                         |                      |

## SCHEDULE F1

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

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

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

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

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

|   | ine instruction Guide explains now to d  | complete this form.    |                            |                      |
|---|--|------------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1:                                  | 2 FILER NAME<br>CONSTABLE CHRIS JONES  |                        | 3 Filer ID (Ethlo          | s Commission Filers) |
| 4 Date 09/01/2023   | 5 Payee name<br>CHAD JORDAN  |                        |                            |                      |
| 6 Amount (\$)   | 7 Payee address;   | City;                  | State;                     | Zip Code             |
| 2,251.00  | 24614 NOTTINGHAM CIRCLE, HOC   | KLEY, TX 7744          | <b>17</b>                  |                      |
| 8   | (a) Category (See Categories listed at the top of this schedule)                   | (b) Description        |                            |                      |
| PURPOSE<br>OF<br>EXPENDITURE                                | DONATION BY OH   | DONATION F             | OR BASEBA                  | LL_                  |
|   | (c) Check if travel outside of Texas. Complete Schedule T.                         | Check if Aust          | ln, TX, officeholder livin | g expense            |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H   | Office sought          |                            | Office held          |
| Date  | Payee name   |                        |                            |                      |
| 09/02/2023  | BEAU RIVAGE  |                        |                            |                      |
| Amount (\$)   | Payee address;   | City;                  | State;                     | Zip Code             |
| 43.71   | 875 BEACH BLVD, BILOXI, MS 3953  | 30                     |                            |                      |
| PURPOSE<br>OF<br>EXPENDITURE                                | Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE | Description CAMPAIGN N | MEETING                    |                      |
|   | Check if travel culside of Texas. Complete Schedule T.                             | Check If Aust          | ln, TX, officeholder livin | g expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI  | Candidate / Officeholder name<br>H   | Office sought          |                            | Office held          |
| Date  | Payee name   |                        |                            |                      |
| 09/02/2023  | GOLDEN NUGGET  |                        |                            |                      |
| Amount (\$)   | Payee address;   | City;                  | State;                     | Zip Code             |
| 163.00  | 151 BEACH BLVD, BILOXI, MS 3953  | 30                     |                            |                      |
|   | Category (See Categories listed at the top of this schedule)                       | Description            |                            |                      |
| PURPOSE<br>OF<br>EXPENDITURE                                | FOOD/BEVERAGE EXPENSE  | CAMPAIGN M             | EETING                     |                      |
|   | Check if travel outside of Texas, Complete Schedule T.                             | Check if Aust          | in, TX, officeholder livin | g expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI  | Candidate / Officeholder name<br>H   | Office sought          |                            | Office held          |
|   | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NE         | EDED                       |                      |

## SCHEDULE F1

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

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

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

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

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

The Instruction Guide explains how to complete this form.

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|--|--|---------------------|-----------------------------|--------------------|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME<br>CONSTABLE CHRIS JONES                            |                     | 3 Filer ID (Ethlos          | Commission Filers) |
| 4 Date<br>09/03/2023                                       | 5 Payee name<br>DMITRY TARANUHA                                  |                     |                             |                    |
| 6 Amount (\$)  | 7 Payee address;   | City;               | State;                      | Zip Code           |
| 450.00   | 23162 BANEBERRY RD, MAGNOLIA                                     | A, TX 77355         |                             |                    |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description     |                             |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | DONATION MADE BY OH  | DONATION M          | IADE TO CO                  | NSTITUENT          |
|  | (c) Check if travel outside of Texas, Complete Schedule T.       | Check if Aust       | 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   |                     |                             |                    |
| Amount (\$)  | Payee address;   | City;               | State;                      | Zip Code           |
| PURPOSE  | Category (See Categories listed at the top of this schedule)     | Description         |                             |                    |
| OF<br>EXPENDITURE  |  |                     |                             |                    |
|  | Charle if Irmust a deida of Tayon Complete School de T           | Observity 16 Avenue |                             |                    |
|  | Check if travel outside of Texas. Complete Schedule T.           |                     | in, TX, officeholder living |                    |
| Complete ONLY if direct expenditure to benefit C/OH        | Candidate / Officeholder name                                    | Office sought       |                             | Office held        |
| Date   | Payee name   |                     |                             |                    |
| Amount (\$)  | Payee address;   | City;               | State;                      | Zip Code           |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule)     | Description         |                             |                    |
|  | Check if travel outside of Texas, Complete Schedule T.           | Check if Aust       | in, TX, officeholder living | expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                    | Office sought       |                             | Office held        |
|  | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULEASNE        | EDED                        |                    |

#### SCHEDULE F1

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

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

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

The Instruction Guide explains how to complete this form,

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|--|--|------------------------|-----------------------------|--------------------|
| 1 Total pages Schedule F1:   | 2 FILER NAME<br>CONSTABLE CHRIS JONES                                      |                        | 3 Filer ID (Ethlos          | Commission Filers) |
| 4 Date 09/07/2023  | 5 Payee name<br>AMAZON   |                        |                             |                    |
| 6 Amount (\$)  | 7 Payee address;   | City;                  | State;                      | Zip Code           |
| 160.40   | 410 TERRY AVE N, SEATTLE, WA 9   | 98109                  |                             |                    |
| 8  | (a) Category (See Categories listed at the top of this schedule)           | (b) Description        |                             |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                       | EVENT EXPENSE  | TRUNK OR TI            | REAT MATE                   | RIALS              |
|  | (C) Check if travel outside of Texas, Complete Schedule T.                 | Check if Aust          | in, TX, officeholder living | expense            |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H   | Office sought          |                             | Office held        |
| Date   | Payee name   | ,                      |                             |                    |
| 09/07/2023   | AMAZON   |                        |                             |                    |
| Amount (\$)  | Payee address;   | City;                  | State;                      | Zip Code           |
| 386.07   | 410 TERRY AVE N, SEATTLE, WAS  | 98109                  |                             |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                       | Category (See Categories listed at the top of this schedule) EVENT EXPENSE | Description TRUNK OR T | REAT MATE                   | RIALS              |
|  | 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/O          | Candidate / Officeholder name<br>H   | Office sought          |                             | Office held        |
| Date   | Payee name   |                        |                             |                    |
| 09/07/2023   | SOCIETY OF SAMARITANS  |                        |                             |                    |
| Amount (\$)  | Payee address;   | City;                  | State;                      | Zip Code           |
| 850.00   | 31355 FRIENDSHIP DR, MAGNOLIA  | N, TX 77355            |                             |                    |
|  | Category (See Categories listed at the top of this schedule)               | Description            |                             |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                       | DONATION BY OH   | DONATION FO            | OR AWARDS                   | BANQUET            |
|  | 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  | Office sought          |                             | Office held        |
|  | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NEI        | EDED                        |                    |

## SCHEDULE F1

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

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

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

The Instruction Guide explains how to complete this form.

|  | The mandetion duide explains now to t  |  |                             |                    |
|--|--|--|-----------------------------|--------------------|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME<br>CONSTABLE CHRIS JONES  |  | 3 Filer ID (Ethics          | Commission Filers) |
| 4 Date 09/09/2023  | 5 Payee name<br>STRONG TOWER TROPHY  |  |                             |                    |
| 6 Amount (\$)  | 7 Payee address;   | City;  | State;                      | Zip Code           |
| 120.50   | 18434 BUDDY RILEY BLVD #4, MAG   | GNOLIA, TX 77                                    | 354                         |                    |
| 8  | (a) Category (See Categories listed at the top of this schedule)                 | (b) Description                                  |                             |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | ADVERTISING EXPENSE  | SHIRT EMBR                                       | OIDERY                      |                    |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                       | Check if Aust                                    | iπ, TX, officeholder living | expense            |
| 9 Complete ONLY if direct expenditure to benefit C/O       | Candidate / Officeholder name<br>H   | Office sought                                    |                             | Office held        |
| Date   | Payee name   |  |                             |                    |
| 09/09/2023   | JWS SCHOLARSHIP  |  |                             |                    |
| Amount (\$)  | Payee address;   | City;  | State;                      | Zip Code           |
| 250.00   | 11625 PRINCE ANDREW, MONTGO  | OMERY, TX 773                                    | 316                         |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule) DONATION MADE BY OH | Description DONATION TO SHOOT TOURN              |                             | SHIP CLAY          |
|  | Check if Iravel outside of Texas. Complete Schedule T.                           | Check if Austin, TX, officeholder living expense |                             |                    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O  | Candidate / Officeholder name<br>H   | Office sought                                    |                             | Office held        |
| Date   | Payee name   |  |                             |                    |
| 09/14/2023   | THE MEATING PLACE  |  |                             |                    |
| Amount (\$)  | Payee address;   | Gity;  | State;                      | Zip Code           |
| 60.89  | 41902 FM 1774, MAGNOLIA, TX 773  | 354  |                             |                    |
|  | Category (See Categories listed at the top of this schedule)                     | Description                                      |                             |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | FOOD/BEVERAGE EXPENSE  | MEETING WIT                                      | TH CONSTIU                  | ENTS               |
|  | Check if travel outside of Texas. Complete Schedule T.                           | Check if Aust                                    | in, TX, officeholder living | expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate / Officeholder name<br>H   | Office sought                                    |                             | Office held        |
|  | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NE                                   | EDED                        |                    |

## SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

|  | The instruction Guide explains now to c  | complete this form,    |                              |                    |
|--|--|------------------------|------------------------------|--------------------|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME<br>CONSTABLE CHRIS JONES  |                        | 3 Filer ID (Ethics           | Commission Filers) |
| 4 Date 09/16/2023  | 5 Payee name<br>GRILL PARTS SEARCH   |                        |                              |                    |
| 6 Amount (\$)  | 7 Payee address;   | City;                  | State;                       | Zip Code           |
| 84.05  | 221 MCDONOUGH PKWY, MCDON  | OUGH, GA 302           | 253                          |                    |
| 8  | (a) Category (See Categories listed at the top of this schedule)                   | (b) Description        |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | OVERHEAD EXPENSE   | PARTS FOR              | COOK TRAIL                   | ER                 |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                         | Check if Aust          | tin, TX, officeholder living | expense            |
| 9 Complete ONLY if direct expenditure to benefit C/Oh      | Candidate / Officeholder name<br>H   | Office sought          |                              | Office held        |
| Date   | Payee name   |                        |                              |                    |
| 09/16/2023   | RANCHO GRANDE  |                        |                              |                    |
| Amount (\$)  | Payee address;   | City;                  | State;                       | Zip Code           |
| 178.51   | 18914 FM 1488 RD, MAGNOLIA, TX   | 77355                  |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE | Description MEETING WI | ITH CONSTIL                  | ENTS               |
|  | Check if travel outside of Texas, Complete Schedule T.                             | Check if Aust          | tin, TX. officeholder living | expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate / Officeholder name  | Office sought          |                              | Office held        |
| Date   | Payee name   |                        |                              |                    |
| 09/16/2023   | THE BBQ DEPOT  |                        |                              |                    |
| Amount (\$)  | Payee address;   | City;                  | State;                       | Zip Code           |
| 321.11   | 5881 PEMBROKE RD, HOLLYWOOD  | D, FL 33023            |                              |                    |
|  | Category (See Categories listed at the top of this schedule)                       | Description            |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | OVERHEAD EXPENSE   | PARTS FOR (            | COOK TRAILI                  | ER                 |
|  | Check if travel outside of Texas. Complete Schedule T,                             | Check if Aust          | tin, TX, officeholder living | expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate / Officeholder name  | Office sought          |                              | Office held        |
|  | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NE         | EDED                         |                    |

SCHEDULE F1

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

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

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

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

|  | ine instruction Guide explains now to t   | complete this form.                 |                             |                    |
|--|---|-------------------------------------|-----------------------------|--------------------|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME<br>CONSTABLE CHRIS JONES   |                                     | 3 Filer ID (Ethics          | Commission Filers) |
| 4 Date<br>09/19/2023   | 5 Payee name MISD FOOTBALL  |                                     | 9 4 A C                     |                    |
| 6 Amount (\$)<br>2,000.00                                    | 7 Payee address;<br>31141 NICHOLS SAWMILL RD, MAG                                     | City;<br>GNOLIA, TX 77              | State;<br>355               | Zip Code           |
| 8<br>PURPOSE<br>OF<br>EXPENDITURE                            | (a) Category (See Categories listed at the top of this schedule)  DONATION MADE BY OH | (b) Description DONATION TO PROGRAM | O MISD FOO                  | TBALL              |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                            | Check if Aust                       | ln, TX, officeholder living | expense            |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate / Officeholder name<br>H  | Office sought                       |                             | Office held        |
| Date   | Payee name  |                                     |                             |                    |
| 09/20/2023   | AMAZON  |                                     |                             |                    |
| Amount (\$) 32.76  | Payee address;<br>410 TERRY AVE N, SEATTLE, WA 9                                      | City;<br>98109                      | State;                      | Zip Code           |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule) OVERHEAD EXPENSES        | Description<br>OFFICE SUP           | PLIES                       |                    |
|  | Check if travel outside of Texas. Complete Schedule T.                                | Check if Aust                       | in, TX, officeholder living | j expense          |
| Complete ONLY if direct expenditure to benefit C/OF          | Candidate / Officeholder name<br>H  | Office sought                       |                             | Office held        |
| Date   | Payee name  |                                     |                             |                    |
| 09/21/2023   | VISTAPRINT  |                                     |                             |                    |
| Amount (\$) 115.83   | Payee address;<br>275 WYMAN ST, WALTHAM, MA 02  | City;<br><b>451</b>                 | State;                      | Zip Code           |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE      | Description BINGO TICKE             | TS                          |                    |
|  | Check if travel outside of Texas. Complete Schedule T.                                | Check if Aust                       | in, TX, officeholder living | g expense          |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O    | Candidate / Officeholder name   | Office sought                       |                             | Office held        |
|  | ATTACH ADDITIONAL COPIES OF THIS  | SCHEDULEASNE                        | EDED                        |                    |

## SCHEDULE F1

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

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

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

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form,

|   | The matruotion calce explains now to   | complete tina form,      |                              |                      |
|---|--|--------------------------|------------------------------|----------------------|
| 1 Total pages Schedule F1                                   | 2 FILER NAME<br>CONSTABLE CHRIS JONES  |                          | 3 Filer ID (Ethic            | s Commission Filers) |
| 4 Date<br>09/22/2023  | 5 Payee name MWHS BASKETBALL   | ,                        |                              |                      |
| 6 Amount (\$)   | 7 Payee address;   | City;                    | State;                       | Zlp Code             |
| 250.00  | 42202 FM 1774, MAGNOLIA, TX 773  | 354                      |                              |                      |
| 8   | (a) Category (See Categories listed at the top of this schedule)                   | (b) Description          |                              |                      |
| PURPOSE<br>OF<br>EXPENDITURE                                | DONATION MADE BY OH  | DONATION T               | O MWHS BA                    | SKETBALL             |
|   | (c) Check if travel outside of Texas. Complete Schedule T.                         | Check if Aus             | tin, TX, officeholder livin  | g expense            |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name<br>H   | Office sought            |                              | Office held          |
| Date  | Payee name   |                          |                              |                      |
| 09/27/2023  | THE ANGRY ELEPHANT   |                          |                              |                      |
| Amount (\$)   | Payee address;   | City;                    | State;                       | Zip Code             |
| 60.78   | 7030 FM 1488 STE 100, MAGNOLIA   | A, TX 77354              |                              |                      |
| PURPOSE<br>OF<br>EXPENDITURE                                | Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE | Description<br>MEETING W | ITH CONSTIL                  | JENTS                |
|   | Check if travel outside of Texas. Complete Schedule T.                             | Check If Aus             | itin, TX, officeholder livin | g expense            |
| Complete ONLY If direct expenditure to benefit C/O          | Candidate / Officeholder name  | Office sought            |                              | Office held          |
| Date  | Payee name   |                          |                              |                      |
| 09/29/2023  | TAMMY MCRAE  |                          |                              |                      |
| Amount (\$)   | Payee address;   | City;                    | State;                       | Zip Code             |
| 250.00  | 400 N SAN JACINTO, CONROE, TX  | 77301                    |                              |                      |
|   | Category (See Categories listed at the top of this schedule)                       | Description              |                              |                      |
| PURPOSE<br>OF<br>EXPENDITURE                                | DONATION MADE BY OH  | DONATION F<br>FUNDRAISER |                              | ΞN                   |
|   | Check if travel outside of Texas, Complete Schedule T.                             | Check if Aus             | stin, TX, officeholder livin | g expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C   | Candidate / Officeholder name<br>OH  | Office sought            |                              | Office held          |
|   | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NE           | EDED                         |                      |

## SCHEDULE F1

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

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

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

Event Expense Fees Food/Beverage Expense Gifl/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 F                                  | CONSTABLE CHRIS JONES  |                          | 3 Filer ID (Ethic                      | Commission Filers) |
| 4 Date<br>10/03/2023                                      | 5 Payee name CONROE LAKE HOUSE                                   |                          |  |                    |
| 6 Amount (\$)   | 7 Payee address;   | City;                    | State;                                 | Zip Code           |
| 40.46   | 14954 HWY 105 W, MONTGOMER                                       | •                        |  | ·                  |
| 8   | (a) Category (See Categories listed at the top of this schedule) | (b) Description          |  |                    |
| PURPOSE<br>OF<br>EXPENDITURE                              | FOOD/BEVERAGE EXPENSE  | MEETING WI               | TH CONSTIL                             | ENTS               |
|   | (c) Check if travel outside of Texas. Complete Schedule T.       | Check If Aust            | tin, TX, officeholder living           | j expense          |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C |  | Office sought            |  | Office held        |
| Date  | Payee name   |                          |  |                    |
| 10/03/2023  | TRACTOR SUPPLY   |                          |  |                    |
| Amount (\$)   | Payee address;   | City;                    | State;                                 | Zip Code           |
| 64.94   | 18567 BUDDY RILEY BLVD, MAGN                                     | NOLIA, TX 7735           | 4                                      |                    |
|   | Category (See Categories listed at the top of this schedule)     | Description              |  |                    |
| PURPOSE<br>OF<br>EXPENDITURE                              | OVERHEAD EXPENSE   | SUPPLIES FO              | OR COOK TF                             | RAILER             |
|   | Check if travel cutside of Texas. Complete Schedule T.           | Check if Aus             | tin, TX, officeholder livin            | g expense          |
| Complete ONLY if direct expenditure to benefit Co         |  | Office sought            |  | Office held        |
| Date  | Payee name   |                          |  |                    |
| 10/03/2023  | CAPITOL COMMISSION OF TEXA                                       | S                        |  |                    |
| Amount (\$)   | Payee address;   | City;                    | State;                                 | Zip Code           |
| 250.00  | 12302 MARSHAL DR, MAGNOLIA,                                      | TX 77354                 |  |                    |
|   | Category (See Categories listed at the top of this schedule)     | Description              |  |                    |
| PURPOSE<br>OF<br>EXPENDITURE                              | DONATION MADE BY OH  | DONATION F<br>FUNDRAISEF |  | DURNAMENT          |
|   | Check if travel outside of Texas, Complete Schedule T.           | Check if Aus             | tin, TX, officeholder livin            | g expense          |
| Complete <u>ONLY</u> if direct expenditure to benefit C   |  | Office sought            |  | Office held        |
|   | ATTACH ADDITIONAL COPIES OF TH                                   | S SCHEDULE AS NE         | EDED                                   |                    |
|   | 541 O  |                          | ······································ | D- 1-1047#         |

### 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 d                          | complete this form. |                                       |                    |
|--|--|---------------------|---------------------------------------|--------------------|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME<br>CONSTABLE CHRIS JONES                            |                     | 3 Filer ID (Ethics                    | Commission Filers) |
| 4 Date<br>10/04/2023                                       | 5 Payee name JUDGE VINCE SANTINI                                 |                     |                                       |                    |
| 6 Amount (\$)  | 7 Payee address;   | City;               | State;                                | Zip Code           |
| 250.00   | PO BOX 558, PINEHURST, TX 7736                                   | 2                   |                                       |                    |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description     | ,                                     |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | DONATION MADE BY OH  | CAMPAIGN D          | ONATION                               |                    |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Aust       | in, TX, officeholder living           | ехрепsе            |
| 9 Complete ONLY if direct expenditure to benefit C/O       | Candidate / Officeholder name<br>H                               | Office sought       |                                       | Office held        |
| Date   | Payee name   |                     |                                       |                    |
| 10/05/2023   | MAGNOLIA FLOWER PATCH  |                     |                                       |                    |
| Amount (\$)  | Payee address;   | City;               | State;                                | Zip Code           |
| 144.95   | 19010 FM 1488, MAGNOLIA, TX 773                                  | 355                 |                                       |                    |
|  | Category (See Categories listed at the top of this schedule)     | Description         |                                       |                    |
| PURPOSE  | GIFT EXPENSE   | FLOWERS FOR         | CONSTIUENT                            | FUNERAL            |
| OF<br>EXPENDITURE  |  |                     |                                       |                    |
|  | Check if Iravel outside of Texas, Complete Schedule T.           | Check If Aust       | in, TX, officeholder living           | expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate / Officeholder name<br>H                               | Office sought       |                                       | Office held        |
| Date   | Payee name   |                     |                                       |                    |
| 10/06/2024   | BROOKSHIRE BROTHERS  |                     |                                       |                    |
| Amount (\$)  | Payee address;   | City;               | State;                                | Zip Code           |
| 20.18  | 18535 FM 1488 RD, MAGNOLIA, TX                                   | 77354               |                                       |                    |
|  | Category (See Categories listed at the top of this schedule)     | Description         |                                       |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | EVENT EXPENSE  | SUPPLIES FO         | OR COOK EVE                           | ENT                |
|  | Check if travel outside of Texas, Complete Schedule T.           | Check if Aust       | tin, TX, officeholder living          | expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O  | Candidate / Officeholder name                                    | Office sought       | · · · · · · · · · · · · · · · · · · · | Office held        |
|  | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NE      | EDED                                  |                    |

SCHEDULE F1

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

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |  |                        | · · · · · · · · · · · · · · · · · · · |                    |
|--|--|------------------------|---------------------------------------|--------------------|
| Total pages Schedule F1                              | 2 FILER NAME CONSTABLE CHRIS JONES   |                        | 3 Filer ID (Ethics                    | Commission Filers) |
| Date 10/07/2023                                      | 5 Payee name VISTAPRINT  |                        |                                       |                    |
| Amount (\$)  | 7 Payee address;   | City;                  | State;                                | Zip Code           |
| 108.31   | 275 WYMAN ST, WALTHAM, MA 02   | <b>4</b> 51            |                                       |                    |
| 8  | (a) Category (See Categories listed at the top of this schedule)                   | (b) Description        |                                       |                    |
| PURPOSE<br>OF<br>EXPENDITURE                         | ADVERTISING EXPENSE  | BINGO TICKE            | ETS                                   |                    |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                         | Check If Aust          | tin, TX, officeholder living          | expense            |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name  | Office sought          |                                       | Office held        |
| Date   | Payee name   | <u> </u>               |                                       |                    |
| 10/07/2023   | THE MEATING PLACE  |                        |                                       |                    |
| Amount (\$)  | Payee address;   | City;                  | State;                                | Zip Code           |
| 116.91   | 41902 FM 1774, MAGNOLIA, TX 773  | 355                    |                                       |                    |
| PURPOSE<br>OF<br>EXPENDITURE                         | Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE | Description MEETING WI | ITH CONSTIL                           | JENTS              |
|  | Check if travel outside of Texas. Complete Schedule T.                             | Check if Aus           | tin, TX, officeholder living          | g expense          |
| Complete ONLY if direct expenditure to benefit C/O   | Candidate / Officeholder name<br>H   | Office sought          |                                       | Office held        |
| Date   | Payee name   |                        |                                       |                    |
| 10/08/2023   | CHICK FIL A  |                        |                                       |                    |
| Amount (\$) 119.93                                   | Payee address;<br>14314 FM 2920, TOMBALL, TX 7737                                  | City;<br>77            | State;                                | Zip Code           |
|  | Category (See Categories listed at the top of this schedule)                       | Description            |                                       |                    |
| PURPOSE<br>OF<br>EXPENDITURE                         | EVENT EXPENSE  | OFFICE CHR             | ISTMAS PAR                            | TY                 |
| EXPENDITORE  |  |                        |                                       |                    |
| EXPENDITORE  | Check if travel outside of Texas, Complete Schedule T.                             | Check if Aus           | tin, TX, afficeholder livin           | g expense          |

#### SCHEDULE F1

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

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

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

Event Expense 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  | complete this form.                              |                              |                    |
|---|--|--|------------------------------|--------------------|
| 1 Total pages Schedule F1:                                | 2 FILER NAME<br>CONSTABLE CHRIS JONES  |  | 3 Filer ID (Ethics           | Commission Filers) |
| 4 Date<br>10/10/2023                                      | 5 Payee name PIZZAIOLOS  |  |                              |                    |
| 6 Amount (\$)   | 7 Payee address;   | City;  | State;                       | Zip Code           |
| 105.38  | 18304 FM 1488, MAGNOLIA, TX 773  | 354  |                              |                    |
| 8   | (a) Category (See Categories listed at the top of this schedule)                 | (b) Description                                  |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                              | FOOD/BEVERAGE EXPENSE  | MEETING WI                                       | TH CONSTIT                   | UENTS              |
|   | (c) Check if travel outside of Texas. Complete Schedule T.                       | Check if Aust                                    | tin, TX, officeholder living | expense            |
| 9 Complete ONLY if direct expenditure to benefit C/O      | Candidate / Officeholder name<br>H   | Office sought                                    |                              | Office held        |
| Date  | Payee name   |  |                              |                    |
| 10/11/2023  | JRI FOUNDATION   |  |                              |                    |
| Amount (\$)   | Payee address;   | City;  | State;                       | Zip Code           |
| 3,113.00  | PO BOX 698, MAGNOLIA, TX 77353   | 3  |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                              | Category (See Categories listed at the top of this schedule) DONATION MADE BY OH | Description<br>DONATION TO                       | SCHOLARSHIP                  | FUNDRAISER         |
|   | Check if travel outside of Texas. Complete Schedule T.                           | Check if Austin, TX, officeholder living expense |                              |                    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H   | Office sought                                    |                              | Office held        |
| Date  | Payee name   |  |                              |                    |
| 10/15/2023  | BUZZ LIQUOR  |  |                              |                    |
| Amount (\$)   | Payee address;   | City;  | State;                       | Zip Code           |
| 102.94  | 3645 CYPRESS CREEK PKWY #312   | 2, HOUSTON, <sup>-</sup>                         | TX 77068                     |                    |
|   | Category (See Categories listed at the top of this schedule)                     | Description                                      |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                              | GIFT EXPENSE   | CHRISTMAS  | GIFTS                        |                    |
|   | Check if travel outside of Texas, Complete Schedule T.                           | Check if Aus                                     | tin, TX, officeholder tiving | g expense          |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H   | Office sought                                    |                              | Office held        |
|   | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NE                                   | EDED                         |                    |

## SCHEDULE F1

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

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

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

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

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

|   | The instruction Guide explains now to c   | omplete this form.                               |                              |                    |  |
|---|---|--|------------------------------|--------------------|--|
| 1 Total pages Schedule F1:                                | 2 FILER NAME<br>CONSTABLE CHRIS JONES   |  | 3 Filer ID (Ethics           | Commission Filers) |  |
| 4 Date<br>10/15/2023                                      | 5 Payee name<br>CHANDLER'S EVENTS   |  |                              |                    |  |
| 6 Amount (\$)   | 7 Payee address;  | City;  | State;                       | Zip Code           |  |
| 380.00  | 304 CAROLINE ST, MONTGOMERY   | , TX 77356                                       |                              |                    |  |
| 8   | (a) Category (See Categories listed at the top of this schedule)                  | (b) Description                                  |                              |                    |  |
| PURPOSE<br>OF<br>EXPENDITURE                              | FOOD/BEVERAGE EXPENSE   | MEETING WI                                       | TH CONSTIT                   | UENTS              |  |
|   | (c) Check if travel outside of Texas. Complete Schedule T.                        | Check if Aust                                    | tin, TX, officeholder living | expense            |  |
| 9 Complete ONLY if direct expenditure to benefit C/O      | Candidate / Officeholder name   | Office sought                                    |                              | Office held        |  |
| Date  | Payee name  |  |                              |                    |  |
| 10/16/2023  | MWHS CROSS COUNTRY  |  |                              |                    |  |
| Amount (\$)   | Payee address;  | City;  | State;                       | Zip Code           |  |
| 250.00  | 42202 FM 1774, MAGNOLIA, TX 773   | 354  |                              |                    |  |
| PURPOSE<br>OF<br>EXPENDITURE                              | Category (See Categories listed at the top of this schedule)  DONATION MADE BY OH | Description<br>DONATION TO                       | MWHS CROSS                   | COUNTRY TEAM       |  |
|   | Check if travel outside of Texas, Complete Schedule T.                            | Check if Austin, TX, officeholder living expense |                              |                    |  |
| Complete ONLY if direct expenditure to benefit C/Oh       | Candidate / Officeholder name   | Office sought                                    |                              | Office held        |  |
| Date  | Payee name  |  |                              |                    |  |
| 10/18/2023  | JRI FOUNDATION  |  |                              |                    |  |
| Amount (\$)   | Payee address;  | City;  | State;                       | Zip Code           |  |
| 4,046.90  | PO BOX 698, MAGNOLIA, TX 77353  |  |                              |                    |  |
|   | Category (See Categories listed at the top of this schedule)                      | Description                                      |                              |                    |  |
| PURPOSE<br>OF<br>EXPENDITURE                              | DONATION MADE BY OH   | DONATION T<br>FUNDRAISEF                         |                              | SHIP               |  |
|   | Check if travel outside of Texas. Complete Schedule T.                            | Check if Aust                                    | tin, TX, officeholder living | expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H  | Office sought                                    |                              | Office held        |  |
|   | ATTACH ADDITIONAL COPIES OF THIS  | SCHEDULE AS NE                                   | EDED                         |                    |  |

SCHEDULE F1

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

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

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

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

| o o o o o o o o o o o o o o o o o o o                     | The Instruction Guide explains how to                            | complete this form. |                              |                    |
|---|--|---------------------|------------------------------|--------------------|
| 1 Total pages Schedule F1:                                | 2 FILER NAME<br>CONSTABLE CHRIS JONES                            |                     | 3 Filer ID (Ethics           | Commission Filers) |
| 4 Date<br>10/20/2023                                      | 5 Payee name<br>MAGNOLIA ELITE                                   |                     |                              |                    |
| 6 Amount (\$)   | 7 Payee address;   | City;               | State;                       | Zip Code           |
| 250.00  | 31611 SUGAR BEND DR, MAGNOL                                      | IA, TX 77355        |                              |                    |
| 8   | (a) Category (See Categories listed at the top of this schedule) | (b) Description     |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                              | DONATION MADE BY OH  | DONATION T          | O MAG SOFT                   | BALL               |
|   | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Aust       | expense                      |                    |
| 9 Complete ONLY if direct expenditure to benefit C/O      | Candidate / Officeholder name<br>H                               | Office sought       |                              | Office held        |
| Date  | Payee name   |                     |                              |                    |
| 10/21/2023  | RANCHO GRANDE  |                     |                              |                    |
| Amount (\$)   | Payee address;   | City;               | State;                       | Zip Code           |
| 46.40   | 18914 FM 1488, MAGNOLIA, TX 773                                  | 355                 |                              |                    |
|   | Category (See Categories listed at the top of this schedule)     | Description         |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                              | FOOD/BEVERAGE EXPENSE  | MEETING WI          | TH CONSTIT                   | UENTS              |
|   | Check if travel outside of Texas, Complete Schedule T.           | Check if Aust       | tin, TX, officeholder living | expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H                               | Office sought       |                              | Office held        |
| Date  | Payee name   |                     |                              |                    |
| 10/21/2023  | RANCHO GRANDE  |                     |                              |                    |
| Amount (\$)   | Payee address;   | City;               | State;                       | Zip Code           |
| 111.68  | 18914 FM 1488, MAGNOLIA, TX 773                                  | 355                 |                              |                    |
|   | Category (See Categories listed at the top of this schedule)     | Description         |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                              | FOOD/BEVERAGE EXPENSE  | MEETING WI          | TH CONSTIT                   | JENTS              |
|   | Check if travel outside of Texas, Complete Schedule T.           | Check if Aus        | tin, TX, officeholder living | expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name<br>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/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                            | complete this form.                              |                         |  |
|--|--|--|-------------------------|--|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME<br>CONSTABLE CHRIS JONES                            | ,  | 3 Filer ID (Ethics      | Commission Filers)   |
| 4 Date<br>10/24/2023   | 5 Payee name THE MEATING PLACE                                   | ·  |                         | The state of the s |
| 6 Amount (\$)  | 7 Payee address;   | City;  | State;                  | Zlp Code   |
| 72.33  | 41902 FM 1774, MAGNOLIA, TX 773                                  | 354  |                         |  |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description                                  |                         |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | FOOD/BEVERAGE EXPENSE  | MEETING WIT                                      | H CONSTITI              | JENTS  |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austin,                                 | TX, officeholder flying | expense  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate / Officeholder name                                    | Office sought                                    |                         | Office held  |
| Date   | Payee name   |  |                         |  |
| 10/24/2023   | соѕтсо   |  |                         |  |
| Amount (\$)  | Payee address;   | City;  | State;                  | Zip Code   |
| 333.24   | 26960 NORTHWEST FRWY, CYPRI                                      | ESS, TX 77433                                    |                         |  |
|  | Category (See Categories listed at the top of this schedule)     | Description                                      |                         |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | EVENT EXPENSE  | CANDY FOR T                                      | RUNK OR T               | REAT   |
|  | 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<br>I                               | Office sought                                    |                         | Office held  |
| Date   | Payee name   |  |                         |  |
| 10/25/2023   | VISTAPRINT   |  |                         |  |
| Amount (\$)  | Payee address;   | City;  | State;                  | Zip Code   |
| 108.31   | 275 WYMAN ST, WALTHAM, MA 02                                     | 451  |                         |  |
|  | Category (See Categories listed at the top of this schedule)     | Description                                      |                         |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | ADVERTISING EXPENSE  | BINGO TICKET                                     | S                       |  |
|  | Check if travel outside of Texas, Complete Schedule T.           | Check if Austin,                                 | TX, officeholder living | expense  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oł   | 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

| Credit Card Payment  | The Instruction Guide explains how to                            | complete this form. |                              |                    |
|--|--|---------------------|------------------------------|--------------------|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME<br>CONSTABLE CHRIS JONES                            |                     | 3 Filer ID (Ethics           | Commission Filers) |
| 4 Date<br>10/25/2023                                       | 5 Payee name HALO BRANDED SOLUTIONS                              |                     |                              |                    |
| 6 Amount (\$)  | 7 Payee address;   | City;               | State;                       | Zip Code           |
| 2,401.69   | 1500 HALO WAY, STERLING, IL 610                                  | 081                 |                              |                    |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description     |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | ADVERTISING EXPENSE  | MARKETING<br>OUTS   | MATERIALS                    | FOR HAND           |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Aust       | in, TX, officeholder living  | expense            |
| 9 Complete ONLY if direct expenditure to benefit C/O       | Candidate / Officeholder name<br>H                               | Office sought       |                              | Office held        |
| Date   | Payee name   |                     |                              |                    |
| 10/26/2024   | COOTERS SPIRITS  |                     |                              |                    |
| Amount (\$)  | Payee address;   | City;               | State;                       | Zip Code           |
| 265.18   | 300 S WALCOTT ST, JEFFERSON,                                     | TX 75657            |                              |                    |
|  | Category (See Categories listed at the top of this schedule)     | Description         |                              |                    |
| PURPOSE<br>OF  | GIFTS EXPENSE  | CONSTITUE           | NT GIFTS                     |                    |
| EXPENDITURE  |  |                     |                              |                    |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check If Aust       | tin, TX, officeholder living | expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate / Officeholder name<br>H                               | Office sought       |                              | Office held        |
| Date   | Payee name   |                     |                              |                    |
| 11/02/2023   | THE MARGARITA MAN  |                     |                              |                    |
| Amount (\$)  | Payee address;   | City;               | State;                       | Zip Code           |
| 32.26  | 15 THORNBUSH PL, THE WOODLA                                      | NDS, TX 7738        | 1                            |                    |
|  | Category (See Categories listed at the top of this schedule)     | Description         |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | EVENT EXPENSE  | OFFICE CHR          | ISTMAS PAR                   | TY                 |
|  | Check if travel outside of Texas, Complete Schedule T.           | Check if Aus        | tin, TX, officeholder living | g expense          |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O  | Candidate / Officeholder name<br>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/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 now to c  | complete this form.    |                              |                      |
|--|--|------------------------|------------------------------|----------------------|
| 1 Total pages Schedule F1:                           | 2 FILER NAME<br>CONSTABLE CHRIS JONES  |                        | 3 Filer ID (Ethic            | s Commission Filers) |
| 4 Date<br>11/03/2023                                 | 5 Payee name<br>MAGNOLIA HARDWARE  |                        |                              |                      |
| 6 Amount (\$)  | 7 Payee address;   | City;                  | State;                       | Zlp Code             |
| 20.15  | 19025 FM 1488, MAGNOLIA, TX 773  | 355                    |                              |                      |
| 8  | (a) Category (See Categories listed at the top of this schedule)                 | (b) Description        |                              |                      |
| PURPOSE<br>OF<br>EXPENDITURE                         | OVERHEAD EXPENSE   | TOOLS FOR              | COOK TRAIL                   | ER                   |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                       | Check if Aus           | tin, TX, officeholder living | g expense            |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H   | Office sought          | ,                            | Office held          |
| Date   | Payee name   |                        |                              |                      |
| 11/03/2023   | MARK KEOUGH  |                        |                              |                      |
| Amount (\$)  | Payee address;   | City;                  | State;                       | Zip Code             |
| 250.00   | 501 N THOMPSON, CONROE, TX 7   | 7301                   |                              |                      |
| PURPOSE<br>OF<br>EXPENDITURE                         | Category (See Categories listed at the top of this schedule) DONATION MADE BY OH | Description CAMPAIGN [ | OONATION                     |                      |
|  | Check if travel outside of Texas. Complete Schedule T.                           | Check If Aus           | tin, TX, officeholder living | g expense            |
| Complete ONLY if direct expenditure to benefit C/O   | Candidate / Officeholder name<br>H   | Office sought          |                              | Office held          |
| Date   | Payee name   |                        |                              |                      |
| 11/04/2023   | LUPE TORTILLA  |                        |                              |                      |
| Amount (\$)  | Payee address;   | City;                  | State;                       | Zip Code             |
| 807.23   | 22465 TX 249, HOUSTON, TX 77070  | 0                      |                              |                      |
|  | Category (See Categories listed at the top of this schedule)                     | Description            |                              |                      |
| PURPOSE<br>OF<br>EXPENDITURE                         | EVENT EXPENSE  | OFFICE CHR             | ISTMAS PAR                   | ΤΥ                   |
|  | Check if travel outside of Texas, Complete Schedule T.                           | Check if Aus           | tin, TX, officeholder livin  | g expense            |
| Complete ONLY if direct expenditure to benefit C/O   | Candidate / Officeholder name<br>H   | Office sought          |                              | Office held          |
|  | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULEASNE           | EDED                         |                      |

SCHEDULE F1

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

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

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

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

The Instruction Guide explains how to complete this form,

| 1 Total pages Schedule F1:                                  | 2 FILER NAME<br>CONSTABLE CHRIS JONES                                      |  | 3 Filer ID (Ethics           | s Commission Filers) |
|---|--|--|------------------------------|----------------------|
| 4 Date<br>11/07/2023  | 5 Payee name<br>HEB  |  |                              |                      |
| <b>6</b> Amount (\$)  | 7 Payee address;   | City;  | State;                       | Zip Code             |
| 181.53  | 7988 FM 1488 RD, MAGNOLIA, TX 7  | 77354  |                              |                      |
| 8   | (a) Category (See Categories listed at the top of this schedule)           | (b) Description                                  |                              |                      |
| PURPOSE<br>OF<br>EXPENDITURE                                | EVENT EXPENSE  | FOOD FOR V                                       |                              | AY                   |
|   | (c) Check if travel outside of Texas. Complete Schedule T.                 | Check if Ausl                                    | tin, TX, officeholder living | j expense            |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H   | Office sought                                    |                              | Office held          |
| Date  | Payee name   |  |                              |                      |
| 11/07/2023  | DONUT JUNKIE   |  |                              |                      |
| Amount (\$)   | Payee address;   | City;  | State;                       | Zip Code             |
| 738.81  | 920 CABLE ST, CONROE, TX 7730  | 1  |                              |                      |
| PURPOSE<br>OF<br>EXPENDITURE                                | Category (See Categories listed at the top of this schedule) EVENT EXPENSE | Description OFFICE CHRISTMAS PARTY               |                              |                      |
|   | 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<br>H   | Office sought                                    |                              | Office held          |
| Date  | Payee name   |  |                              |                      |
| 11/08/2024  | AMAZON   |  |                              |                      |
| Amount (\$)   | Payee address;   | City;  | State;                       | Zip Code             |
| 38.60   | 410 TE3RRY AVE N, SEATTLE, WA  | 98109  |                              |                      |
|   | Category (See Categories listed at the top of this schedule)               | Description                                      |                              |                      |
| PURPOSE<br>OF<br>EXPENDITURE                                | EVENT EXPENSE  | SUPPLIES FO                                      |                              | IS DAY               |
|   | Check if travel outside of Texas. Complete Schedule T.                     | Check if Aus                                     | tin, TX, officeholder livin  | g expense            |
| Complete ONLY if direct expenditure to benefit C/O          | Candidate / Officeholder name<br>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/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

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

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

| Credit Card Payment   | The Instruction Guide explains how to  | complete this form.      |                               |                    |
|---|--|--------------------------|-------------------------------|--------------------|
| 1 Total pages Schedule F1                                   | 2 FILER NAME<br>CONSTABLE CHRIS JONES  |                          | 3 Filer ID (Ethics            | Commission Filers) |
| 4 Date<br>11/12/2024  | 5 Payee name<br>BROOKSHIRE BROTHERS  |                          |                               |                    |
| 6 Amount (\$)   | 7 Payee address;   | City;                    | State;                        | Zip Code           |
| 54.80   | 18535 FM 1488 RD, MAGNOLIA, TX   | 77354                    |                               |                    |
| 8   | (a) Category (See Categories listed at the top of this schedule)                   | (b) Description          |                               |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                | EVENT EXPENSE  | SUPPLIES FO              | OR VETERAN<br>ON              | S DAY              |
|   | (C) Check if travel outside of Texas. Complete Schedule T.                         | Check If Aus             | itin, TX, officeholder living | expense            |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H   | Office sought            |                               | Office held        |
| Date  | Payee name   |                          |                               |                    |
| 11/13/2024  | RON'S BURGERS  |                          |                               |                    |
| Amount (\$)   | Payee address;   | City;                    | State;                        | Zip Code           |
| 98.03   | 18415 FM 1488 RD, MAGNOLIA, TX   | 77354                    |                               |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                | Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE | Description<br>MEETING W | ITH CONSTIT                   | UENTS              |
|   | Check if travel outside of Texas. Complete Schedule T.                             | Check If Aus             | stin, TX, officeholder living | expense            |
| Complete ONLY if direct expenditure to benefit C/O          | Candidate / Officeholder name<br>H   | Office sought            |                               | Office held        |
| Date  | Payee name   |                          |                               |                    |
| 11/14/2023  | MONTGOMERY COUNTY REPUBL   | ICAN PARTY               |                               |                    |
| Amount (\$)   | Payee address;   | City;                    | State;                        | Zip Code           |
| 1,000.00  | 921 W AUSTIN ST, CONROE, TX 77   | ′301                     |                               |                    |
|   | Category (See Categories listed at the top of this schedule)                       | Description              |                               |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                | FEES   | FILING FOR I             | ELECTION FE                   | ES                 |
|   | Check if travel outside of Texas. Complete Schedule T.                             | Check if Aus             | stin, TX, officeholder living | expense            |
| Complete ONLY if direct expenditure to benefit C/C          | Candidate / Officeholder name<br>PH  | 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

| Gredit Gard Layment  | The Instruction Guide explains how to o                          | complete this form.  |                              |                    |
|--|--|----------------------|------------------------------|--------------------|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME<br>CONSTABLE CHRIS JONES                            |                      | 3 Filer ID (Ethics           | Commission Filers) |
| 4 Date<br>11/15/2024                                       | 5 Payee name<br>BILLY MASDEN                                     |                      |                              |                    |
| 6 Amount (\$)  | 7 Payee address;   | City;                | State;                       | Zip Code           |
| 500.00   | 19100 UNITY PARK DR, MAGNOLIA                                    | A, TX 77355          |                              |                    |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description      |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | DONATION MADE BY OH  | SECURITY FO          | OR SOS EVE                   | NT                 |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check If Aust        | tin, TX, officeholder living | expense            |
| 9 Complete ONLY if direct expenditure to benefit C/Oh      | Candidate / Officeholder name<br>H                               | Office sought        |                              | Office held        |
| Date   | Payee name   |                      |                              |                    |
| 11/16/2024   | COME TO THE TABLE  |                      |                              |                    |
| Amount (\$)  | Payee address;   | City;                | State;                       | Zip Code           |
| 250.00   | 31355 FRIENDSHIP DR, MAGNOLIA                                    | A, TX 77355          |                              |                    |
|  | Category (See Categories listed at the top of this schedule)     | Description          |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | DONATION MADE BY OH  | THANKSGIVI           | ING DINNER                   |                    |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Aust        | tin, TX, officeholder ilving | expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                    | Office sought        |                              | Office held        |
| Date   | Payee name   |                      |                              |                    |
| 11/16/2023   | THE BEE'S KNEES  |                      |                              |                    |
| Amount (\$)  | Payee address;   | City;                | State;                       | Zip Code           |
| 466.51   | 30310 CHARLIE LN, MAGNOLIA, TX                                   | (77355               |                              |                    |
|  | Category (See Categories listed at the top of this schedule)     | Description          |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | EVENT EXPENSE  | VENUE FOR (<br>PARTY | OFFICE CHRI                  | STMAS              |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Aust        | tin, TX, officeholder living | expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate / Officeholder name                                    | Office sought        |                              | Office held        |
|  | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NE       | EDED                         |                    |

## SCHEDULE F1

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

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

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

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

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

| •  | The Instruction Guide explains how to o                          | complete this form.  |                                       |  |  |
|--|--|--|---------------------------------------|--|--|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME<br>CONSTABLE CHRIS JONES                            |  | 3 Filer ID (Ethics Commission Filers) |  |  |
| 4 Date<br>11/18/2023                                       | 5 Payee name<br>RANCHO GRANDE                                    |  |                                       |  |  |
| 6 Amount (\$)  | 7 Payee address;   | City;  | State; Zlp Code                       |  |  |
| 45.78  | 18914 FM 1488 RD, MAGNOLIA, TX                                   | 77355  |                                       |  |  |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description  |                                       |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                               | FOOD/BEVERAGE EXPENSE  | COMMAND STAFF MEETING  |                                       |  |  |
|  | (c) Check if travel outside of Texas, Complete Schedule T.       | of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expe |                                       |  |  |
| 9 Complete ONLY if direct expenditure to benefit C/Oh      | Candidate / Officeholder name<br>I                               | Office sought  | Office held                           |  |  |
| Date   | Payee name   | ,  |                                       |  |  |
| 11/18/2023   | CYNTHIA WOODS MITCHELL PAVI                                      | LION   |                                       |  |  |
| Amount (\$)  | Payee address;   | City;  | State; Zip Code                       |  |  |
| 64.73  | 2005 LAKE ROBBINS DR, THE WO                                     | ODLANDS, TX  | 77380                                 |  |  |
|  | Category (See Categories listed at the top of this schedule)     | Description  |                                       |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                               | FOOD/BEVERAGE EXPENSE  | MEETING WI   | TH CONSTITUENTS                       |  |  |
|  | Check if travel outside of Texas. Complete Schedute T.           | Check if Aust  | iln, 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   |  |                                       |  |  |
| 11/18/2023   | CYNTHIA WOODS MITCHELL PAVI                                      | ILION  |                                       |  |  |
| Amount (\$)  | Payee address;   | City;  | State; Zip Code                       |  |  |
| 100.97   | 2005 LAKE ROBBINS DR, THE WOO                                    | ODLANDS, TX  | 77380                                 |  |  |
|  | Category (See Categories listed at the top of this schedule)     | Description  |                                       |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                               | FOOD/BEVERAGE EXPENSE  | MEETING WIT  | TH CONSTITUENTS                       |  |  |
|  | 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

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#### **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                            | complete this form.                              |                                       |                    |
|---|--|--|---------------------------------------|--------------------|
| 1 Total pages Schedule F1:                                | CONSTABLE CHRIS JONES  |  | 3 Filer ID (Ethics                    | Commission Filers) |
| 4 Date<br>11/18/2023                                      | 5 Payee name WOODFOREST BANK CLUB                                |  |                                       |                    |
| 6 Amount (\$)   | 7 Payee address;   | City;  | State;                                | Zip Code           |
| 195.26  | 2005 LAKE ROBBINS DR, THE WO                                     | ODLANDS, TX                                      | 77380                                 |                    |
| 8   | (a) Category (See Categories listed at the top of this schedule) | (b) Description                                  |                                       |                    |
| PURPOSE<br>OF<br>EXPENDITURE                              | FOOD/BEVERAGE EXPENSE  | MEETING WI                                       | TH CONSTIT                            | UENTS              |
|   | (C) Check if travel outside of Texas. Complete Schedule T.       | Check if Aust                                    | ln, TX, officeholder living           | expense            |
| 9 Complete ONLY if direct expenditure to benefit C/O      | Candidate / Officeholder name<br>H                               | Office sought                                    |                                       | Office held        |
| Date  | Payee name   |  |                                       |                    |
| 11/22/2023  | AMAZON   |  |                                       |                    |
| Amount (\$)   | Payee address;   | City;  | State;                                | Zip Code           |
| 143.67  | 410 TERRY AVE N, SEATTLE, WAS                                    | 98109  |                                       |                    |
|   | Category (See Categories listed at the top of this schedule)     | Description                                      | · · · · · · · · · · · · · · · · · · · |                    |
| PURPOSE   | OVERHEAD EXPENSE   | OFFICE SUP                                       | PLIES                                 |                    |
| OF<br>EXPENDITURE   |  |  |                                       |                    |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin, TX, officeholder living expense |                                       |                    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H                               | Office sought                                    |                                       | Office held        |
| Date  | Payee name   |  |                                       |                    |
| 11/22/2023  | STACY MCCARTY  |  |                                       |                    |
| Amount (\$)   | Payee address;   | City;  | State;                                | Zìp Code           |
| 200.00  | 318 SKYLARK ST, MAGNOLIA, TX                                     | 77355  |                                       |                    |
|   | Category (See Categories listed at the top of this schedule)     | Description                                      |                                       |                    |
| PURPOSE<br>OF<br>EXPENDITURE                              | DONATION MADE BY OH  | DONATION TO                                      | O SOFTBALL                            | . TEAM             |
|   | Check if travel outside of Texas, Complete Schedule T.           | Check if Aust                                    | in, TX, officeholder living           | g expense          |
| Complete ONLY if direct expenditure to benefit C/O        | Candidate / Officeholder name<br>H                               | Office sought                                    |                                       | Office held        |
|   | ATTACH ADDITIONAL COPIES OF THIS                                 | S SCHEDULE AS NE                                 | EDED                                  |                    |

## SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee 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 Salarles/Wages/Contract Labor

|  | The Instruction Guide explains how to                            | complete this form.                                    |                            |                    |
|--|--|--|----------------------------|--------------------|
| 1 Total pages Schedule F1:                           | 2 FILER NAME<br>CONSTABLE CHRIS JONES                            |  | 3 Filer ID (Ethics         | Commission Filers) |
| 4 Date<br>11/27/2023                                 | 5 Payee name<br>BROOKSHIRE BROTHERS                              |  |                            |                    |
| 6 Amount (\$)  | 7 Payee address;   | City;  | State;                     | Zip Code           |
| 147.93   | 18535 FM 1488 RD, MAGNOLIA, TX                                   | 77354  |                            |                    |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description  |                            |                    |
| PURPOSE<br>OF<br>EXPENDITURE                         | EVENT EXPENSE  | SUPPLIES FO  | R OFFICE P                 | ARTY               |
|  | (C) Check if travel outside of Texas. Complete Schedule T.       | Check if Austin  | n, TX, officeholder living | expense            |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H                               | Office sought  |                            | Office held        |
| Date   | Payee name   |  |                            |                    |
| 11/28/2023   | MAGNOLIA HARDWARE  |  |                            |                    |
| Amount (\$)  | Payee address;   | City;  | State;                     | Zip Code           |
| 347.76   | 19025 FM 1488, MAGNOLIA, TX 77                                   | 355  |                            |                    |
|  | Category (See Categories listed at the top of this schedule)     | Description  |                            |                    |
| PURPOSE<br>OF<br>EXPENDITURE                         | EVENT EXPENSE  | MATERIALS F  | FOR PARADI                 | E FLOAT            |
|  | Check if travel outside of Texas, Complete Schedule T.           | le T. Check if Austin, TX, officeholder living expense |                            |                    |
| Complete ONLY if direct expenditure to benefit C/O   | Candidate / Officeholder name<br>H                               | Office sought  |                            | Office held        |
| Date   | Payee name   |  |                            |                    |
| 11/29/2023   | SCHULENBURG LIQUOR   |  |                            |                    |
| Amount (\$)  | Payee address;   | City;  | State;                     | Zip Code           |
| 624.00   | 317 SUMMIT ST, SCHULENBURG,                                      | TX 78956   |                            |                    |
|  | Category (See Categories listed at the top of this schedule)     | Description  |                            |                    |
| PURPOSE<br>OF<br>EXPENDITURE                         | GIFT EXPENSE   | CHRISTMAS (CONSTITUEN                                  |                            |                    |
|  | Check if travel outside of Texas, Complete Schedule T.           | Check if Austi   | n, TX, officeholder living | expense            |
| Complete ONLY if direct                              | Candidate / Officeholder name                                    | Office sought  |                            | Office held        |
| expenditure to benefit C/O                           | Н  |  |                            |                    |
|  | ATTACH ADDITIONAL COPIES OF THIS                                 | S SCHEDULE AS NEE                                      | DED                        |                    |

SCHEDULE F1

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

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

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

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

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

|   | The Instruction Guide explains how to c  | complete this form.       |                             |                    |
|---|--|---------------------------|-----------------------------|--------------------|
| 1 Total pages Schedule F1:  | 2 FILER NAME<br>CONSTABLE CHRIS JONES  |                           | 3 Filer ID (Ethics          | Commission Filers) |
| 4 Date<br>11/29/2023  | 5 Payee name<br>NATE HOLMES  | •                         |                             |                    |
| 6 Amount (\$)   | 7 Payee address;   | City;                     | State;                      | Zip Code           |
| 250.00  | 164 MAGNOLIA RESERVE LOOP, N   | MAGNOLIA, TX              | 77354                       |                    |
| 8   | (a) Category (See Categories listed at the top of this schedule)                   | (b) Description           |                             |                    |
| PURPOSE<br>OF<br>EXPENDITURE  | CONTRACT LABOR   | PARADE FLO                | AT                          |                    |
|   | (c) Check if travel outside of Texas. Complete Schedule T.                         | Check if Austi            | in, TX, officeholder living | expense            |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate / Officeholder name  | Office sought             |                             | Office held        |
| Date  | Payee name   |                           |                             |                    |
| 12/01/2023  | CITIZEN'S GRILL  |                           |                             |                    |
| Amount (\$)   | Payee address;   | City;                     | State;                      | Zip Code           |
| 80.87   | 315 ENCLAVE DR STE 300, CONRO  | DE, TX 77384              |                             |                    |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE | Description<br>MEETING WI | TH SUPERV                   | ISORS              |
|   | 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   |                           |                             |                    |
| 12/01/2023  | TRACTOR SUPPLY   |                           |                             |                    |
| Amount (\$)   | Payee address;   | City;                     | State;                      | Zip Code           |
| 93.03   | 18567 BUDDY RILEY BLVD, MAGNO  | OLIA, TX 77354            | ŀ                           |                    |
|   | Category (See Categories listed at the top of this schedule)                       | Description               |                             |                    |
| PURPOSE<br>OF<br>EXPENDITURE  | EVENT EXPENSE  | PARADE FLO                | AT                          |                    |
|   | Check if travel outside of Texas, Complete Schedule T.                             | Check if Aust             | in, TX, officeholder living | g expense          |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI          | Candidate / Officeholder name  | Office sought             |                             | Office held        |
|   | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NE            | EDED                        |                    |

SCHEDULE F1

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

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

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

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

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

|   | The Instruction Guide explains how to                            | complete this form.                   |                              |                      |
|---|--|---------------------------------------|------------------------------|----------------------|
| 1 Total pages Schedule F1:                                  | 2 FILER NAME<br>CONSTABLE CHRIS JONES                            |                                       | 3 Filer ID (Ethic            | s Commission Filers) |
| 4 Date<br>12/01/2023  | 5 Payee name<br>MEZCAL CANTINA                                   |                                       |                              |                      |
| 6 Amount (\$)   | 7 Payee address;   | City;                                 | State;                       | Zip Code             |
| 110.03  | 535 WOODLAND SQUARE BLVD, C                                      | CONROE, TX 7                          | 7384                         |                      |
| 8   | (a) Category (See Categories listed at the top of this schedule) | (b) Description                       |                              |                      |
| PURPOSE<br>OF<br>EXPENDITURE                                | FOOD/BEVERAGE EXPENSE  | SUPERVISOF                            | R MEETING                    |                      |
|   | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Aust                         | tin, TX, officeholder living | g expense            |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H                               | Office sought                         |                              | Office held          |
| Date  | Payee name   | · · · · · · · · · · · · · · · · · · · | <u> </u>                     |                      |
| 12/01/2023  | VISTAPRINT   |                                       |                              |                      |
| Amount (\$)   | Payee address;   | City;                                 | State;                       | Zip Code             |
| 134.07  | 275 WYMAN ST, WALTHAM, MA 02                                     | 2451                                  |                              |                      |
|   | Category (See Categories listed at the top of this schedule)     | Description                           |                              |                      |
| PURPOSE   | ADVERTISING EXPENSE  | BINGO TICK                            | ETS                          |                      |
| OF<br>EXPENDITURE   |  |                                       |                              |                      |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Aust                         | tin, TX, officeholder livin  | g expense            |
| Complete ONLY If direct expenditure to benefit C/O          | Candidate / Officeholder name<br>H                               | Office sought                         |                              | Office held          |
| Date  | Payee name   |                                       |                              |                      |
| 12/01/2023  | SPEED PRO IMAGING  |                                       |                              |                      |
| Amount (\$)   | Payee address;   | City;                                 | State;                       | Zip Code             |
| 800.00  | 32503 TAMINA RD, MAGNOLIA, TX                                    | 77354                                 |                              |                      |
|   | Category (See Categories listed at the top of this schedule)     | Description                           |                              |                      |
| PURPOSE<br>OF<br>EXPENDITURE                                | ADVERTISING EXPENSE  | SIGNS                                 |                              |                      |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Aus                          | tin, TX, officeholder livin  | g expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O   | Candidate / Officeholder name<br>H                               | Office sought                         |                              | Office held          |
|   | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NE                        | EDED                         |                      |

SCHEDULE F1

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

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

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

The Instruction Guide explains how to complete this form.

|   | The Institution duide explains now to t                                   | Tomptete tina form:        |                               |                    |
|---|---|----------------------------|-------------------------------|--------------------|
| 1 Total pages Schedule F1                                 | CONSTABLE CHRIS JONES   |                            | 3 Filer ID (Ethics            | Commission Filers) |
| 4 Date<br>12/02/2023                                      | 5 Payee name<br>MAGNOLIA HARDWARE   |                            |                               |                    |
| 6 Amount (\$)   | 7 Payee address;  | City;                      | State;                        | Zip Code           |
| 98.03   | 19025 FM 1488, MAGNOLIA, TX 773   | 355                        |                               |                    |
| 8   | (a) Category (See Categories listed at the top of this schedule)          | (b) Description            |                               |                    |
| PURPOSE<br>OF<br>EXPENDITURE                              | EVENT EXPENSE   | MATERIALS I                | FOR PARADE                    | FLOAT              |
|   | (c) Check if travel outside of Texas. Complete Schedule T.                | Check If Aust              | tin, TX, officeholder living  | expense            |
| 9 Complete ONLY if direct expenditure to benefit C/C      | Candidate / Officeholder name<br>OH                                       | Office sought              |                               | Office held        |
| Date  | Payee name  |                            |                               |                    |
| 12/02/2023  | ANTIQUE ROSE FLORIST  |                            |                               |                    |
| Amount (\$)   | Payee address;  | City;                      | State;                        | Zip Code           |
| 133.15  | 10540 FM 1488, MAGNOLIA, TX 773   | 354                        |                               |                    |
| PURPOSE<br>OF<br>EXPENDITURE                              | Category (See Categories listed at the top of this schedule) GIFT EXPENSE | Description<br>FLOWERS FOR | R CONSTITUENT                 | FUNERAL            |
|   | Check if travel outside of Texas. Complete Schedule T.                    | Check if Aus               | stin, TX, officeholder living | expense            |
| Complete <u>ONLY</u> If direct expenditure to benefit C/C | Candidate / Officeholder name<br>DH                                       | Office sought              |                               | Office held        |
| Date  | Payee name  |                            |                               |                    |
| 12/04/2023  | EL JIMADOR  |                            |                               |                    |
| Amount (\$)   | Payee address;  | City;                      | State;                        | Zip Code           |
| 357.80  | 23701 NICHOLS SAWMILL RD, HO  | CKLEY, TX 774              | 147                           |                    |
|   | Category (See Calegories listed at the top of this schedule)              | Description                |                               |                    |
| PURPOSE<br>OF<br>EXPENDITURE                              | FOOD/BEVERAGE EXPENSE   | MEETING WI                 | TH CONSTITU                   | JENTS              |
|   | Check if travel outside of Texas. Complete Schedule T.                    | Check if Aus               | stin, TX, officeholder living | expense            |
| Complete ONLY If direct expenditure to benefit C/C        | Candidate / Officeholder name<br>OH                                       | Office sought              | - 100                         | 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
Consutting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

|   | The Instruction Guide explains how to o                          | complete this form. |                              |                    |
|---|--|---------------------|------------------------------|--------------------|
| 1 Total pages Schedule F1:                                  | 2 FILER NAME<br>CONSTABLE CHRIS JONES                            |                     | 3 Filer ID (Ethics           | Commission Filers) |
| 4 Date<br>12/04/2023  | 5 Payee name<br>MAGNOLIA WEST SOFTBALL                           |                     |                              |                    |
| 6 Amount (\$)   | 7 Payee address;   | City;               | State;                       | Zlp Code           |
| 250.00  | 42202 FM 1774, MAGNOLIA, TX 773                                  | 355                 |                              |                    |
| 8   | (a) Category (See Categories listed at the top of this schedule) | (b) Description     |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                | DONATION MADE BY OH  | DONATION T          | O MWHS SO                    | FTBALL TEAM        |
|   | (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<br>H                               | Office sought       |                              | Office held        |
| Date  | Payee name   |                     |                              |                    |
| 12/05/2023  | AMAZON   |                     |                              |                    |
| Amount (\$)   | Payee address;   | City;               | State;                       | Zip Code           |
| 79.86   | 410 TERRY AVE N, SEATTLE, WAS                                    | 98109               |                              |                    |
|   | Category (See Categories listed at the top of this schedule)     | Description         |                              |                    |
| PURPOSE   | EVENT EXPENSE  | SUPPLIES FOR        | OFFICE CHRIS                 | STMAS PARTY        |
| OF<br>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/OI         | Candidate / Officeholder name<br>H                               | Office sought       |                              | Office held        |
| Date  | Payee name   |                     |                              |                    |
| 12/05/2023  | YOUNG LIFE   |                     |                              |                    |
| Amount (\$)   | Payee address;   | City;               | State;                       | Zip Code           |
| 500.00  | 33300 EGYPT LN BUILDING L 500,                                   | MAGNOLIA, TX        | X 77354                      |                    |
|   | Category (See Categories listed at the lop of this schedule)     | Description         |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                | DONATION MADE BY OH  | DONATION TO         | O YOUNG LIF                  | FE CAMP            |
|   | 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<br>H                               | Office sought       | 10                           | Office held        |
|   | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULF AS NE      | EDED                         |                    |
| i   |  |                     |                              |                    |

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 Gifl/Awards/Memorials Expense Legal Services

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

|  | ine instruction Guide explains now to c                                    | omplete this form,                          |                              |                    |
|--|--|---|------------------------------|--------------------|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME<br>CONSTABLE CHRIS JONES                                      |   | 3 Filer ID (Ethics           | Commission Filers) |
| 4 Date<br>12/06/2023                                       | 5 Payee name<br>COSTCO   |   |                              | - 14               |
| 6 Amount (\$)  | 7 Payee address;   | City;                                       | State;                       | Zip Code           |
| 190.20   | 12405 N GESSNER RD, HOUSTON,   | TX 77064                                    |                              |                    |
| 8  | (a) Category (See Categories listed at the top of this schedule)           | (b) Description                             |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | EVENT EXPENSE  | SUPPLIES FO<br>PARTY                        | OR OFFICE C                  | HRISTMAS           |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                 | Check if Aust                               | tin, TX, officeholder living | expense            |
| 9 Complete ONLY if direct expenditure to benefit C/Oh      | Candidate / Officeholder name  | Office sought                               |                              | Office held        |
| Date   | Payee name   |   |                              |                    |
| 12/06/2023   | AMAZON   |   |                              |                    |
| Amount (\$)  | Payee address;   | City;                                       | State;                       | Zip Code           |
| 11.79  | 410 TERRY AVE N, SEATTLE, WAS  | 98109                                       |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories !!sted at the top of this schedule) EVENT EXPENSE | Description SUPPLIES FOR OFFICE CHRISTMAS I |                              |                    |
|  | Check if travel outside of Texas. Complete Schedule T.                     | Check if Aus                                | tin, 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   |   |                              |                    |
| 12/06/2023   | TOTAL WINE   |   |                              |                    |
| Amount (\$)  | Payee address;   | City;                                       | State;                       | Zip Code           |
| 568.11   | 7640 CYPRESS CREEK PKWY, HO  | USTON, TX 77                                | 070                          |                    |
|  | Category (See Categories listed at the top of this schedule)               | Description                                 |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | EVENT EXPENSE  | SUPPLIES FO<br>PARTY                        | OR OFFICE C                  | HRISTMAS           |
|  | Check if travel outside of Texas, Complete Schedule T,                     | Check if Aus                                | tin, TX, officeholder living | expense            |
| Complete <u>ONLY</u> 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

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

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

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

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

| Credit Card Payment                               | The Instruction Guide explains how to                                      | complete this form.                   |                                       |
|---|--|---------------------------------------|---------------------------------------|
| Total pages Schedule F                            | 1: 2 FILER NAME<br>CONSTABLE CHRIS JONES                                   |                                       | 3 Filer ID (Ethics Commission Filers) |
| Date<br>12/07/2023                                | 5 Payee name GREAT AMERICAN COOKIE COMP                                    | PANY                                  |                                       |
| Amount (\$)                                       | 7 Payee address;   | City;                                 | State; Zip Code                       |
| 57.49   | 14245 FM 2920 STE 150, TOMBALL   | ., TX 77377                           |                                       |
|   | (a) Category (See Categories listed at the top of this schedule)           | (b) Description                       |                                       |
| PURPOSE<br>OF<br>EXPENDITURE                      | EVENT EXPENSE  | COOKIE FOR PARTY                      | OFFICE CHRISTMAS                      |
|   | (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/ | Candidate / Officeholder name<br>OH  | Office sought                         | Office held                           |
| Date  | Payee name   |                                       |                                       |
| 12/07/2023  | AMAZON   |                                       |                                       |
| Amount (\$)                                       | Payee address;   | City;                                 | State; Zip Code                       |
| 17.14   | 410 TERRY AVE N, SEATTLE, WA   | 98109                                 |                                       |
| PURPOSE<br>OF<br>EXPENDITURE                      | Category (See Categories listed at the top of this schedule) EVENT EXPENSE | Description<br>SUPPLIES FOR           | OFFICE CHRISTMAS PARTY                |
|   | 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/ | Candidate / Officeholder name<br>OH  | Office sought                         | Office held                           |
| Date  | Payee name   | · · · · · · · · · · · · · · · · · · · |                                       |
| 12/07/2023  | NNT LIQUOR LOT   |                                       |                                       |
| Amount (\$)                                       | Payee address;   | City;                                 | State; Zip Code                       |
| 77.92   | 18535 FM 1488 STE 160, MAGNOL  | A, TX 77354                           |                                       |
|   | Category (See Categories listed at the top of this schedule)               | Description                           |                                       |
| PURPOSE<br>OF<br>EXPENDITURE                      | EVENT EXPENSE  | SUPPLIES FO<br>PARTY                  | R OFFICE CHRISTMAS                    |
|   | Check if travel outside of Texas. Complete Schedule T.                     | Check if Ausli                        | in, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/ | Candidate / Officeholder name<br>OH  | Office sought                         | Office held                           |
|   | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NE                        | ENED .                                |
|   | ATTACH TO THE OF THE   | - COLLEGE TO NE                       |                                       |

## SCHEDULE F1

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

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

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

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

| •  | The Instruction Guide explains how to d                                    | complete this form.                |  |                    |
|--|--|------------------------------------|--|--------------------|
| 1 Total pages Schedule F1:   | 2 FILER NAME<br>CONSTABLE CHRIS JONES                                      |                                    | 3 Filer ID (Ethics   | Commission Filers) |
| 4 Date<br>12/07/2023   | 5 Payee name<br>AMAZON   |                                    | A left from the state of the st |                    |
| 6 Amount (\$)  | 7 Payee address;   | City;                              | State;   | Zip Code           |
| 138.64   | 410 TERRY AVE N, SEATTLE, WA 9   | 98109                              |  |                    |
| 8  | (a) Category (See Categories listed at the top of this schedule)           | (b) Description                    |  |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                       | EVENT EXPENSE  | SUPPLIES FO<br>PARTY               | OR OFFICE C  | HRISTMAS           |
|  | (C) Check if travel outside of Texas. Complete Schedule T.                 | Check if Aust                      | in, TX, officeholder living  | expense            |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name  | Office sought                      |  | Office held        |
| Date   | Payee name   |                                    |  |                    |
| 12/07/2023   | RESTAURANT DEPOT   |                                    |  |                    |
| Amount (\$)  | Payee address;   | City;                              | State;   | Zip Code           |
| 419.77   | 23815 TOMBALL PKWY, TOMBALL,   | , TX 77375                         |  |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                       | Category (See Categories listed at the top of this schedule) EVENT EXPENSE | Description<br>SUPPLIES FOR<br>MEF | BREAKFAST W  | /ITH SANTA FOR     |
|  | Check if travel outside of Texas. Complete Schedule T.                     | Check If Aust                      | in, TX, officeholder living  | expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh         | Candidate / Officeholder name  | Office sought                      |  | Office held        |
| Date   | Payee name   |                                    |  |                    |
| 12/08/2023   | AMAZON   |                                    |  | :                  |
| Amount (\$)  | Payee address;   | City;                              | State;   | Zip Code           |
| 11.14  | 410 TERRY AVE N, SEATTLE, WA 9   | 98109                              |  |                    |
|  | Category (See Categories listed at the top of this schedule)               | Description                        |  |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                       | EVENT EXPENSE  | SUPPLIES FOR I                     |  | ST WITH            |
|  | 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

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#### **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/Awerds/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  | The Instruction Guide explains how to                            | complete this form.     |                                       |
|--|--|-------------------------|---------------------------------------|
| Total pages Schedule F                                   | 1: 2 FILER NAME<br>CONSTABLE CHRIS JONES                         |                         | 3 Filer ID (Ethics Commission Filers) |
| Date 12/08/2023  | 5 Payee name THE MARGARITA MAN                                   |                         | 4444                                  |
| Amount (\$)  | 7 Payee address;   | City;                   | State; Zip Code                       |
| 129.03   | 15 THORNBUSH PL, THE WOODLA                                      | ANDS, TX 7738           | 1                                     |
| ļ  | (a) Category (See Categories listed at the top of this schedule) | (b) Description         |                                       |
| PURPOSE<br>OF<br>EXPENDITURE                             | FOOD/BEVERAGE EXPENSE  | OFFICE CHR              | ISTMAS PARTY                          |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Aust           | tin, TX, officeholder living expense  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/ | Candidate / Officeholder name<br>OH                              | Office sought           | Office held                           |
| Date   | Payee name   |                         |                                       |
| 12/08/2023   | AMAZON   |                         |                                       |
| Amount (\$)  | Payee address;   | City;                   | State; Zip Code                       |
| 332.45   | 410 TERRY AVE N, SEATTLE, WA                                     | 98109                   |                                       |
|  | Category (See Categories listed at the top of this schedule)     | Description             |                                       |
| PURPOSE<br>OF<br>EXPENDITURE                             | DONATION MADE BY OH  | ADOPTED FAM<br>DONATION | IILY FOR CHRISTMAS                    |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Aust           | tln, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/        | Candidate / Officeholder name<br>OH                              | Office sought           | Office held                           |
| Date   | Payee name   |                         |                                       |
| 12/08/2023   | ACADEMY  |                         |                                       |
| Amount (\$)  | Payee address;   | City;                   | State; Zip Code                       |
| 676.48   | 14221 FM 2920, TOMBALL, TX 773                                   | 77                      |                                       |
|  | Category (See Categories listed at the top of this schedule)     | Description             |                                       |
| PURPOSE<br>OF<br>EXPENDITURE                             | DONATION MADE BY OH  | BIKES FOR M<br>SANTA    | MEF BREAKFAST WITH                    |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Aus            | tin, TX, officeholder living expense  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/ |  | Office sought           | Office held                           |
|  | ATTACH ADDITIONAL COPIES OF THIS                                 | S SCHEDIII E AS NE      | FDFD                                  |
|  | A MONADON CONTROL OF THE   |                         | D 0/47/0                              |

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 Gft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Potling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Releted Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The instruction Guide explains how to complete this form

|   | The matruction duide explains now to t   | complete this torm.   |                              |                      |
|---|--|-----------------------|------------------------------|----------------------|
| 1 Total pages Schedule F1:                                | 2 FILER NAME<br>CONSTABLE CHRIS JONES  |                       | 3 Filer ID (Ethlo            | s Commission Filers) |
| 4 Date<br>12/08/2023                                      | 5 Payee name<br>LUPE TORTILLA  |                       |                              |                      |
| 6 Amount (\$)   | 7 Payee address;   | City;                 | State;                       | Zlp Code             |
| 1,036.53  | 22465 TX 249, HOUSTON, TX 77070  | 0                     |                              |                      |
| 8   | (a) Category (See Categories listed at the top of this schedule)                     | (b) Description       |                              |                      |
| PURPOSE<br>OF<br>EXPENDITURE                              | FOOD/BEVERAGE EXPENSE  | OFFICE CHR            | ISTMAS PAR                   | ₹TY<br>              |
|   | (c) Check if travel outside of Texas. Complete Schedule T.                           | Check If Aust         | tin, TX, officeholder living | g expense            |
| 9 Complete ONLY if direct expenditure to benefit C/O      | Candidate / Officeholder name<br>H   | Office sought         |                              | Office held          |
| Date  | Payee name   |                       |                              |                      |
| 12/09/2023  | ALPHAGRAPHICS  |                       |                              |                      |
| Amount (\$)   | Payee address;   | City;                 | State;                       | Zip Code             |
| 516.26  | 3031 N FRAZIER ST, CONROE, TX  | 77303                 |                              |                      |
| PURPOSE<br>OF<br>EXPENDITURE                              | Category (See Categories listed at the top of this schedule) OFFICE/OVERHEAD EXPENSE | Description ENVELOPES | -                            |                      |
|   | Check if travel outside of Texas, Complete Schedule T.                               | Check If Aust         | tin, TX. officeholder livin  | g expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H   | Office sought         |                              | Office held          |
| Date  | Payee name   | -                     |                              |                      |
| 12/09/2023  | MORTON'S GRILL   |                       |                              |                      |
| Amount (\$)   | Payee address;   | City;                 | State;                       | Zip Code             |
| 1,000.00  | 25 WATERWAY AVE, THE WOODLA  | ANDS, TX 7738         | 30                           |                      |
|   | Category (See Categories listed at the top of this schedule)                         | Description           |                              |                      |
| PURPOSE<br>OF<br>EXPENDITURE                              | FOOD/BEVERAGE EXPENSE  | MEETING WIT           | ΓΗ COMMAN                    | ID STAFF             |
|   | Check if travel outside of Texas. Complete Schedule ⊺.                               | Check if Aust         | tin, TX, officeholder livin  | g expense            |
| Complete ONLY if direct expenditure to benefit C/O        | Candidate / Officeholder name<br>H   | Office sought         |                              | Office held          |
|   | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NE        | EDED                         |                      |

SCHEDULE F1

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

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

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

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

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

|   | ine instruction Guide explains now to d                                    | complete this form,    |                               |                    |
|---|--|------------------------|-------------------------------|--------------------|
| 1 Total pages Schedule F1:                                | 2 FILER NAME<br>CONSTABLE CHRIS JONES                                      |                        | 3 Filer ID (Ethics            | Commission Filers) |
| 4 Date<br>12/10/2023                                      | 5 Payee name<br>AMAZON   |                        | •                             | ,,                 |
| 6 Amount (\$)   | 7 Payee address;   | City;                  | State;                        | Zip Code           |
| 11.79   | 410 TERRY AVE N, SEATTLE, WAS  | 98109                  |                               |                    |
| 8   | (a) Category (See Categories listed at the top of this schedule)           | (b) Description        |                               |                    |
| PURPOSE<br>OF<br>EXPENDITURE                              | DONATION MADE BY OH  | ADOPTED FA             | AMILY FOR C                   | HRISTMAS           |
|   | (c) Check if travel outside of Texas. Complete Schedule T.                 | Check If Aus           | tin, TX, officeholder living  | expense            |
| 9 Complete ONLY if direct expenditure to benefit C/O      | Candidate / Officeholder name<br>H   | Office sought          |                               | Office held        |
| Date  | Payee name   |                        |                               |                    |
| 12/10/2023  | CHICK FIL A  |                        |                               |                    |
| Amount (\$)   | Payee address;   | City;                  | State;                        | Zip Code           |
| 110.42  | 14314 FM 2920, TOMBALL, TX 7737  | 77                     |                               |                    |
| PURPOSE<br>OF<br>EXPENDITURE                              | Category (See Categories listed at the top of this schedule) EVENT EXPENSE | Description OFFICE CHR | RISTMAS PAR                   | TY                 |
|   | Check if travel outside of Texas. Complete Schedule T.                     | Check if Aus           | stin, TX, officeholder living | expense            |
| Complete ONLY if direct expenditure to benefit C/OI       | Candidate / Officeholder name  | Office sought          | 48.184.1111                   | Office held        |
| Date  | Payee name   |                        |                               |                    |
| 12/11/2023  | LYNN MARKS   |                        |                               |                    |
| Amount (\$)   | Payee address;   | City;                  | State;                        | Zip Code           |
| 250.00  | 30310 CHARLIE LN, MAGNOLIA, TX   | C 77355                |                               |                    |
|   | Category (See Categories listed at the top of this schedule)               | Description            |                               |                    |
| PURPOSE<br>OF<br>EXPENDITURE                              | EVENT EXPENSE  | SANTA FOR (<br>PARTY   | OFFICE CHRI                   | STMAS              |
|   | Check if travel outside of Texas, Complete Schedule T.                     | Check if Aus           | stin, TX, officeholder living | expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name<br>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/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

The Instruction Guide explains how to complete this form,

|   | The first detion edide explains now to   | somplete and rorm.                               |                               |                    |
|---|--|--|-------------------------------|--------------------|
| 1 Total pages Schedule F1:                                  | 2 FILER NAME<br>CONSTABLE CHRIS JONES  |  | 3 Filer ID (Ethics            | Commission Filers) |
| 4 Date<br>12/10/2023  | 5 Payee name<br>AMAZON   |  |                               |                    |
| 6 Amount (\$)   | 7 Payee address;   | City;  | State;                        | Zip Code           |
| 18.86   | 410 TERRY AVE N, SEATTLE, WAS  | 98109  |                               |                    |
| 8   | (a) Category (See Categories listed at the top of this schedule)                   | (b) Description                                  |                               |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                | DONATION MADE BY OH  | ADOPTED FA                                       | AMILY FOR C                   | HRISTMAS           |
|   | (c) Check if travel outside of Texas. Complete Schedule T.                         | Check if Aus                                     | tin, TX, officeholder living  | expense            |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H   | Office sought                                    |                               | Office held        |
| Date  | Payee name   |  |                               |                    |
| 12/13/2023  | MORTON'S GRILLE  |  |                               |                    |
| Amount (\$)   | Payee address;   | City;  | State;                        | Zip Code           |
| 2,334.77  | 25 WATERWAY AVE, THE WOODL   | ANDS, TX 7738                                    | 80                            |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                | Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE | Description MEETING W                            | ITH COMMAN                    | ID STAFF           |
|   | 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<br>H   | Office sought                                    |                               | Office held        |
| Date  | Payee name   |  |                               |                    |
| 12/12/2023  | THE BEES KNEES   |  |                               |                    |
| Amount (\$)   | Payee address;   | City;  | State;                        | Zip Code           |
| 466.50  | 30310 CHARLIE LN, MAGNOLIA, TX   | < 77355  |                               |                    |
|   | Category (See Categories listed at the top of this schedule)                       | Description                                      |                               |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                | EVENT EXPENSE  | VENUE FOR PARTY                                  | OFFICE CHR                    | ISTMAS             |
|   | Check if travel outside of Texas. Complete Schedule T.                             | Check if Aus                                     | stin, TX, officeholder tiving | expense            |
| Complete ONLY if direct expenditure to benefit C/O          | Candidate / Officeholder name<br>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/Benking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Polltical Committee
Credit Card Payment

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

|   | The Instruction Guide explains how to                            | complete this form.    |                              |                    |
|---|--|------------------------|------------------------------|--------------------|
| 1 Total pages Schedule F1:                                | 2 FILER NAME<br>CONSTABLE CHRIS JONES                            |                        | 3 Filer ID (Ethics           | Commission Filers) |
| 4 Date<br>12/15/2023                                      | 5 Payee name<br>AMAZON   |                        |                              |                    |
| 6 Amount (\$)   | 7 Payee address;   | City;                  | State;                       | Zlp Code           |
| 30.44   | 410 TERRY AVE N, SEATTLE, WA 9                                   | 98109                  |                              |                    |
| 8   | (a) Category (See Categories listed at the top of this schedule) | (b) Description        |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                              | DONATION MADE BY OH  | ADOPTED FA<br>DONATION | AMILY FOR C                  | HRISTMAS           |
|   | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Aust          | in, TX, officeholder living  | expense            |
| 9 Complete ONLY if direct expenditure to benefit C/O      | Candidate / Officeholder name<br>H                               | Office sought          |                              | Office held        |
| Date  | Payee name   |                        |                              |                    |
| 12/16/2023  | AMAZON   |                        |                              |                    |
| Amount (\$)   | Payee address;   | City;                  | State;                       | Zip Code           |
| 10.03   | 410 TERRY AVE N, SEATTLE, WA                                     | 98109                  |                              |                    |
|   | Category (See Categories listed at the top of this schedule)     | Description            |                              |                    |
| PURPOSE   | DONATION MADE BY OH  | ADOPTED FAM            | ILY FOR CHRIS                | STMAS              |
| OF<br>EXPENDITURE   |  | DONATION               |                              |                    |
|   | Check if travel outside of Texas. Complete Schedule T,           | Check if Aust          | tin, TX, officeholder living | expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H                               | Office sought          |                              | Office held        |
| Date  | Payee name   |                        |                              |                    |
| 12/16/2023  | JD BARBER SHOP   |                        |                              |                    |
| Amount (\$)   | Payee address;   | City;                  | State;                       | Zip Code           |
| 83.20   | 17665 FM 1488, MAGNOLIA, TX 773                                  | 354                    |                              |                    |
|   | Category (See Categories listed at the top of this schedule)     | Description            |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                              | DONATION MADE BY OH  | DONATION O             |                              | S FOR              |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Aus           | tin, TX, officeholder living | g expense          |
| Complete ONLY if direct expenditure to benefit C/O        | Candidate / Officeholder name<br>H                               | Office sought          |                              | Office held        |
|   |  |                        |                              |                    |
|   | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NE         | EDED                         |                    |

## SCHEDULE F1

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

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

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

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

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

|  | ne instruction Guide explains now to c   | complete this form.             |                                       |                    |
|--|--|---------------------------------|---------------------------------------|--------------------|
| 1 Total pages Schedule F1:   | 2 FILER NAME<br>CONSTABLE CHRIS JONES  |                                 | 3 Filer ID (Ethics                    | Commission Filers) |
| 4 Date<br>12/19/2023   | 5 Payee name<br>ALYSSA STUCKEY   |                                 |                                       |                    |
| 6 Amount (\$)  | 7 Payee address;   | City;                           | State;                                | Zlp Code           |
| 75.00  | 30310 CHARLIE LN, MAGNOLIA, TX   | C 77355                         |                                       |                    |
| 8  | (a) Category (See Categories listed at the top of this schedule)                 | (b) Description                 |                                       |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                       | EVENT EXPENSE  | COOKIES FO<br>PARTY             | R OFFICE CI                           | HRISTMAS           |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                       | Check if Aust                   | tin, TX, officeholder living          | expense            |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H   | Office sought                   |                                       | Office held        |
| Date   | Payee name   |                                 |                                       |                    |
| 12/26/2023   | TAFR   |                                 |                                       |                    |
| Amount (\$)  | Payee address;   | City;                           | State;                                | Zip Code           |
| 1,000.00   | 12620 FM 1960 W STE A4 - BOX 25  | 5, HOUSTON,                     | TX 77065                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                       | Category (See Categories listed at the top of this schedule) DONATION MADE BY OH | Description FUNDRAISER DONATION |                                       |                    |
|  | Check if travel outside of Texas. Complete Schedule T.                           | Check If Aust                   | tin, TX, officeholder living          | expense            |
| Complete ONLY if direct expenditure to benefit C/O                 | Candidate / Officeholder name  | Office sought                   |                                       | Office held        |
| Date   | Payee name   |                                 | · · · · · · · · · · · · · · · · · · · |                    |
| 12/29/2023   | MAGNOLIA AREA REPUBLICANS  |                                 |                                       |                    |
| Amount (\$)  | Payee address;   | City;                           | State;                                | Zip Code           |
| 250.00   | 30310 CHARLIE LN, MAGNOLIA, TX   | ( 77355                         |                                       |                    |
|  | Category (See Categories listed at the top of this schedule)                     | Description                     |                                       |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                       | DONATION MADE BY OH  | DONATION F                      | OR CHRISTM                            | IAS PARTY          |
|  | Check if travel outside of Texas. Complete Schedule T.                           | Check if Aust                   | lin, TX, officeholder living          | expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O          | Candidate / Officeholder name<br>H   | Office sought                   |                                       | Office held        |
|  | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NE                  | EDED                                  |                    |

## SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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                            | complete this form.                                      |                   |                      |  |
|--|--|--|-------------------|----------------------|--|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME<br>CONSTABLE CHRIS JONES                            |  | 3 Filer ID (Ethic | s Commission Filers) |  |
| 4 Date 07/03/2023  | 5 Payee name<br>SIMPLE TEXTING                                   |  |                   |                      |  |
| 6 Amount (\$)  | 7 Payee address;   | City;  | State;            | Zip Code             |  |
| 30.68  | 1815 PURDY AVE, MIAMI BEACH, F                                   | FL 33140   |                   |                      |  |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description  |                   |                      |  |
| PURPOSE<br>OF<br>EXPENDITURE                               | FEES   | MASS TEXT S  | SERVICE           |                      |  |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austin, TX, officeholder living expense         |                   |                      |  |
| 9 Complete ONLY if direct expenditure to benefit C/OI      | Candidate / Officeholder name<br>H                               | Office sought  |                   | Office held          |  |
| Date   | Payee name   |  |                   |                      |  |
| 08/03/2023   | SIMPLE TEXTING   |  |                   |                      |  |
| Amount (\$)  | Payee address;   | City;  | State;            | Zip Code             |  |
| 30.68  | 1815 PURDY AVE, MIAMI BEACH, I                                   | FL 33140   |                   |                      |  |
|  | Category (See Categories listed at the top of this schedule)     | Description  |                   |                      |  |
| PURPOSE<br>OF  | FEES MASS TEXT SERVICE   |  |                   |                      |  |
| EXPENDITURE  |  |  |                   |                      |  |
|  | Check if travel outside of Texas. Complete Schedule T.           | dule T. Check if Austin, TX, officeholder living expense |                   |                      |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate / Officeholder name<br>H                               | Office sought  |                   | Office held          |  |
| Date   | Payee name   | · · · · · · · · · · · · · · · · · · ·                    |                   |                      |  |
| 09/03/2023   | SIMPLE TEXTING   |  |                   |                      |  |
| Amount (\$)  | Payee address;   | City;  | State;            | Zip Code             |  |
| 30.68  | 1815 PURDY AVE, MIAMI BEACH, F                                   | -L 33140   |                   |                      |  |
|  | Category (See Categories listed at the top of this schedule)     | Description  |                   |                      |  |
| PURPOSE<br>OF<br>EXPENDITURE                               | FEES   | MASS TEXT S  | SERVICE           |                      |  |
|  | Check If travel outside of Texas. Complete Schedule T,           | Check if Austin, TX, officeholder living expense         |                   |                      |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O  | Candidate / Officeholder name<br>H                               | Office sought  |                   | Office held          |  |
|  | ATTACH ADDITIONAL COPIES OF THIS                                 | S SCHEDULE AS NE   | EDED              |                      |  |

SCHEDULE F1

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

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

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

Other (enter a category not listed above)

The Instruction Guide explains how to complete this form,

| 1 Total pages Schedule F1:                                   | 2 FILER NAME<br>CONSTABLE CHRIS JONES                             |                       | 3 Filer ID (Ethic            | cs Commission Filers) |
|--|---|-----------------------|------------------------------|-----------------------|
| 4 Date<br>10/03/2023   | 5 Payee name<br>SIMPLE TEXTING                                    |                       |                              |                       |
| 6 Amount (\$)  | 7 Payee address;  | City;                 | State;                       | Zip Code              |
| 30.68  | 1815 PURDY AVE, MIAMI BEACH, F                                    | <sup>7</sup> L 33140  |                              |                       |
| 8  | (a) Category (See Categories listed at the top of this schedule)  | (b) Description       |                              |                       |
| PURPOSE<br>OF<br>EXPENDITURE                                 | FEES  | MASS TEXT             | SERVICE                      |                       |
|  | (C) Check if travel outside of Texas. Complete Schedule T.        | Check if Aus          | stin, TX, officeholder livin | ig expense            |
| 9 Complete ONLY if direct expenditure to benefit C/O         | Candidate / Officeholder name<br>H                                | Office sought         |                              | Office held           |
| Date   | Payee name  |                       |                              |                       |
| 11/03/2023   | SIMPLE TEXTING  |                       |                              |                       |
| Amount (\$)  | Payee address;  | City;                 | State;                       | Zip Code              |
| 30.68  | 1815 PURDY AVE, MIAMI BEACH, F                                    | FL 33140              |                              |                       |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule) FEES | Description MASS TEXT | SERVICE                      |                       |
|  | Check if travel outside of Texas. Complete Schedule T.            | Check if Aus          | stin, TX, officeholder livin | ng expense            |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O | Candidate / Officeholder name<br>H                                | Office sought         |                              | Office held           |
| Date   | Payee name  |                       |                              |                       |
| 12/03/2023   | SIMPLE TEXTING  |                       |                              |                       |
| Amount (\$)  | Payee address;  | City;                 | State;                       | Zip Code              |
| 30.68  | 1815 PURDY AVE, MIAMI BEACH, F                                    | L 33140               |                              |                       |
|  | Category (See Categories listed at the top of this schedule)      | Description           |                              |                       |
| PURPOSE<br>OF<br>EXPENDITURE                                 | FEES  | MASS TEXT S           | SERVICE                      |                       |
|  | Check if travel outside of Texas, Complete Schedule T.            | Check if Aus          | stin, TX, officeholder livin | ng expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI   | Candidate / Officeholder name<br>H                                | Office sought         |                              | Office held           |
|  | ATTACH ADDITIONAL COPIES OF THIS                                  | SCHEDULE AS NE        | EEDED                        |                       |

## 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/Polltical 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 o  | complete this form.                              |                              |                    |
|--|--|--|------------------------------|--------------------|
| Total pages Schedule F1:                           | 2 FILER NAME<br>CONSTABLE CHRIS JONES  |  | 3 Filer ID (Ethics           | Commission Filers) |
| Date<br>08/14/2023                                 | 5 Payee name JUDGE WAYNE MACK CAMPAIGN   |  |                              |                    |
| Amount (\$)  | 7 Payee address;   | City;  | State;                       | Zlp Code           |
| 500.00   | 300 S DANVILLE ST, WILLIS, TX 77   | 378  |                              |                    |
|  | (a) Category (See Categories listed at the top of this schedule)                 | (b) Description                                  |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                       | DONATION MADE BY OH  | DONATION F<br>FUNDRAISEF                         |                              | BREAKFAST          |
|  | (c) Check if trayel outside of Texas. Complete Schedule T.                       | Check if Aust                                    | tln, TX, officeholder living | expense            |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H   | Office sought                                    |                              | Office held        |
| Date   | Payee name   |  |                              |                    |
| 08/25/2023   | MWHS BASEBALL BOOSTER CLUI   | B  |                              |                    |
| Amount (\$)  | Payee address;   | City;  | State;                       | Zip Code           |
| 510.65   | 42202 FM 1774, MAGNOLIA, TX 773  | 354  |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                       | Category (See Categories listed at the top of this schedule) DONATION MADE BY OH | Description                                      |                              |                    |
|  | Check if travel outside of Texas. Complete Schedule T.                           | Check If Austin, TX, officeholder living expense |                              |                    |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H   | Office sought                                    |                              | Office held        |
| Date   | Payee name   |  |                              |                    |
| 12/29/2023   | BRYAN CHRIST CAMPAIGN  |  |                              |                    |
| Amount (\$)  | Payee address;   | City;  | State;                       | Zip Code           |
| 500.00   | PO BOX 558, PINEHURST, TX 7736   | 02   |                              |                    |
|  | Category (See Categories listed at the top of this schedule)                     | Description                                      |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                       | DONATION MADE BY OH  | DONATION T                                       | O CAMPAIGN                   | <b>\</b>           |
|  | Check if travel outside of Texas. Complete Schadule T.                           | Check if Austin, TX, officeholder living expense |                              |                    |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name<br>DH  | Office sought                                    |                              | Office held        |
|  | ATTACH ADDITIONAL COPIES OF THIS   | S SCHEDULE AS NE                                 | EDED                         |                    |