

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 48
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR CHRISTOPHER M	<div style="border: 2px solid black; border-radius: 50%; width: 150px; height: 150px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;"> <p style="margin: 0;">RECEIVED</p> <p style="margin: 0;">JAN 14 2025</p> <p style="margin: 0;"><i>48 pgs. rc</i></p> </div> <div style="font-size: 8px; text-align: center; margin: 0;"> <p>MONTGOMERY COUNTY ELECTIONS ADMINISTRATOR</p> </div> </div> <p style="margin-top: 5px; font-size: 8px;">Date Received</p> <p style="margin-top: 5px; font-size: 8px;">Date Hand-delivered or Date Postmarked</p> <p style="margin-top: 5px; font-size: 8px;">Receipt # Amount \$</p> <p style="margin-top: 5px; font-size: 8px;">Date Processed</p> <p style="margin-top: 5px; font-size: 8px;">Date Imaged</p>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 52, MAGNOLIA, TX 77353		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 541-5391		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MRS MELISSA 		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 22619 BANE BERRY RD, MAGNOLIA, TX 77355		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 989-5699		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 24 THROUGH 12 / 31 / 24		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) MONTGOMERY COUNTY PCT 5 CONSTABLE	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME _____ COMMITTEE ADDRESS _____ COMMITTEE CAMPAIGN TREASURER NAME _____ COMMITTEE CAMPAIGN TREASURER ADDRESS _____	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

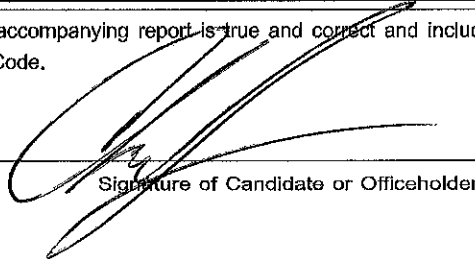
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
CONSTABLE CHRIS JONES

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 4,519.20
	4. TOTAL POLITICAL EXPENDITURES	\$ 58,155.69
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 110,181.94
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

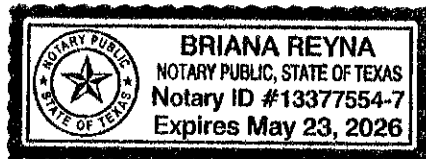
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Briana Reyna this the 14th day of January, 2025, to certify which, witness my hand and seal of office.

Briana Reyna Chris Jones Constable
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

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

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
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	\$ 53,636.49
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/OH	\$ 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 07/02/2024	5 Payee name BEAU CHUMLEY
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6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 43138 Sanders Cemetery Rd, Magnolia, TX 77354
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GIFT	(b) Description GRADUATION GIFT
	(c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07/02/2024	Payee name MAGNOLIA'S BEST STORAGE
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Amount (\$) 224.00	Payee address; City; State; Zip Code 37805 FM 1774, Magnolia, TX 77355
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) RENTAL EXPENSE	Description STORAGE FOR CAMPAIGN MATERIAL
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07/06/2024	Payee name CLEARWATER EXPRESS
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Amount (\$) 44.97	Payee address; City; State; Zip Code 14206 FM 1488 Rd, Magnolia, TX 77354
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description VEHICLE WASH
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 07/07/2024	5 Payee name AMAZON
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6 Amount (\$) 104.86	7 Payee address; City; State; Zip Code 440 Terry Ave N, Seattle, WA 98109
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description SUPPLIES FOR STORM RESCUE TEAM
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07/09/2024	Payee name AMAZON
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Amount (\$) 65.36	Payee address; City; State; Zip Code 440 Terry Ave N, Seattle, WA 98109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description NEW CAMPAIGN SHIRTS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07/09/2024	Payee name AMAZON
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Amount (\$) 130.32	Payee address; City; State; Zip Code 440 Terry Ave N, Seattle, WA 98109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description NEW CAMPAIGN SHIRTS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 07/11/2024	5 Payee name JASON SCOGGINS
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6 Amount (\$) 468.00	7 Payee address; City; State; Zip Code 27131 Mohaka Dr, Magnolia, TX 77354
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	(b) Description FUNDRAISER
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07/18/2024	Payee name TUFF
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Amount (\$) 2,072.54	Payee address; City; State; Zip Code 11510 FM 1488 Bldg E, Magnolia, TX 77354
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description ANNUAL FUNDRAISER
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07/19/2024	Payee name HOUSTON TEXANS
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Amount (\$) 376.88	Payee address; City; State; Zip Code 2 NRG Park, Houston, TX 77054
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GIFTS/AWARDS	Description TICKETS FOR DONATIONS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 07/19/2024	5 Payee name TYLER NEUBAUM
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6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code 33027 Tamina Rd, Magnolia, TX 77354
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(b) Description WINDOW TINT ON VEHICLE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07/21/2024	Payee name UNITED AIRLINES
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Amount (\$) 1,017.92	Payee address; City; State; Zip Code 609 Main St, Houston, TX 77002
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL OUT OF DISTRICT	Description NATIONAL CONSTABLES AND MARSHALS ASSOCIATION CONFERENCE
	<input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07/23/2024	Payee name MAIN STREET CROSSING
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Amount (\$) 1,322.64	Payee address; City; State; Zip Code 111 W Main St, Tomball, TX 77375
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GIFTS/AWARDS	Description TICKETS FOR DONATIONS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
-----------------------------------------	----------------------------------------------	----------------------------------------------

4 Date 07/23/2024	5 Payee name TROY LOGAN
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6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 22650 Baneberry Rd, Magnolia, TX 77355
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	(b) Description FUNDRAISER
	(c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07/29/2024	Payee name MAGNOLIA'S FIRST BAPTIST CHURCH
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Amount (\$) 250.00	Payee address; City; State; Zip Code 18525 FM 1488, Magnolia, TX 77354
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description ANNUAL FUNDRAISER
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07/31/2024	Payee name AMAZON
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Amount (\$) 214.56	Payee address; City; State; Zip Code 440 Terry Ave N, Seattle, WA 98109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE EXPENSE	Description CAMPAIGN SUPPLIES
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense <input type="checkbox"/>	

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 07/31/2024	5 Payee name MAGNOLIA SUPPORT GROUP
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6 Amount (\$) 28.52	7 Payee address; City; State; Zip Code PO BOX 1578, MAGNOLIA, TX 77353
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	(b) Description BINGO DONATION
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/02/2024	Payee name CELINE RODRIGUEZ
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Amount (\$) 250.00	Payee address; City; State; Zip Code 21619 AVALON QUEEN DR, SPRING, TX 77379
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GIFT	Description GRADUATION GIFT
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/02/2024	Payee name MAGNOLIA'S BEST STORAGE
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Amount (\$) 224.00	Payee address; City; State; Zip Code 37805 FM 1774, Magnolia, TX 77355
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) RENTAL EXPENSE	Description STORAGE FOR CAMPAIGN MATERIALS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense <input type="checkbox"/>	

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
-----------------------------------------	----------------------------------------------	----------------------------------------------

4 Date 08/06/2024	5 Payee name CLEARWATER EXPRESS
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6 Amount (\$) 44.97	7 Payee address; 14206 FM 1488 Rd, Magnolia, TX 77354	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description VEHICLE WASH
	(c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/06/2024	Payee name VISTA PRINT
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Amount (\$) 4.29	Payee address; 275 Wyman St, Waltham, MA 02451	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description BINGO TICKET DONATION TO MAGNOLIA SUPPORT GROUP
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

Date 08/06/2024	Payee name VISTA PRINT
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Amount (\$) 126.54	Payee address; 275 Wyman St, Waltham, MA 02451	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description BINGO TICKET DONATION TO MAGNOLIA SUPPORT GROUP
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 08/08/2024	5 Payee name DRILLBIT ROUGHNECK BASEBALL
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6 Amount (\$) 250.00	7 Payee address; 14100 Adams Ln, Pinehurst, TX 77362	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	(b) Description BASEBALL TEAM DONATION
	(c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/08/2024	Payee name RANCHO GRANDE
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Amount (\$) 100.15	Payee address; 18914 FM 1488 Rd, Magnolia, TX 77355	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	Description COMMAND STAFF MEETING
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/09/2024	Payee name CHRISTY WISHNEWSKI
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Amount (\$) 1,759.00	Payee address; 327 MAGNOLIA BUSINESS PARK DR, MAGNOLIA, TX 77354	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description MEDICAL EXPENSES DONATION
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 08/09/2024	5 Payee name THE MEATING PLACE
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6 Amount (\$) 511.48	7 Payee address; City; State; Zip Code 41902 FM 1774, Magnolia, TX 77355
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	(b) Description LUNCH DONATION FOR MR GULLO MEMORIAL SERVICE
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/10/2024	Payee name SOCIETY OF SAMARITANS
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Amount (\$) 1,000.00	Payee address; City; State; Zip Code 31355 Friendship Dr, Magnolia, TX 77355
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description PURSE BINGO SPONSOR
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/13/2024	Payee name MHS LADY BULLDOG PTA
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Amount (\$) 350.00	Payee address; City; State; Zip Code 14350 FM 1488, Magnolia, TX 77354
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description MHS GIRLS BASKETBALL TEAM
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
4 Date 08/17/2024	5 Payee name HOUSTON TEXANS	
6 Amount (\$) 376.88	7 Payee address; City; State; Zip Code 2 NRG Park, Houston, TX 77054	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GIFT/AWARDS EXPENSE	(b) Description TICKETS FOR DONATIONS
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/24/2024	Payee name OUTHOUSE BOYS	
Amount (\$) 540.49	Payee address; City; State; Zip Code 23933 Nichols Sawmill Rd, Hockley, TX 77447	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description DONATION FOR PATRIOTS OF TEXAS EVENT
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/25/2024	Payee name BARTENDING 2 U	
Amount (\$) 345.60	Payee address; City; State; Zip Code 4560 W 34th St Ste A, Houston, TX 77092	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description DONATION TO TUFF FOR ANNUAL GALA
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 08/26/2024	5 Payee name TUFF
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6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code 11510 FM 1488 Bldg E, Magnolia, TX 77354
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	(b) Description DONATION FOR ANNUAL GALA
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/27/2024	Payee name MHS CROSS COUNTRY
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Amount (\$) 250.00	Payee address; City; State; Zip Code 14350 FM 1488, Magnolia, TX 77354
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description DONATION TO MHS CROSS COUNTRY TEAM
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/01/2024	Payee name MAGNOLIA EDUCATION FOUNDATION
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Amount (\$) 1,215.00	Payee address; City; State; Zip Code PO Box 55, Magnolia, TX 77353
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description DONATION TO MEF AT CONCERT FUNDRAISER
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 09/02/2024	5 Payee name MAGNOLIA'S BEST STORAGE
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6 Amount (\$) 224.00	7 Payee address; City; State; Zip Code 37805 FM 1774, Magnolia, TX 77355
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) RENTAL EXPENSE	(b) Description STORAGE FOR CAMPAIGN MATERIALS
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/03/2024	Payee name CHAD JORDAN
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Amount (\$) 1,818.00	Payee address; City; State; Zip Code 24614 Nottingham Circle, Hockley, TX 77447
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description DONATION FOR WALKER BASEBALL TEAM
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/03/2024	Payee name RANCHO GRANDE
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Amount (\$) 184.62	Payee address; City; State; Zip Code 18914 FM 1488 Rd, Magnolia, TX 77355
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	Description COMMAND STAFF MEETING
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 09/03/2024	5 Payee name RANCHO GRANDE
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6 Amount (\$) 260.55	7 Payee address; City; State; Zip Code 18914 FM 1488 Rd, Magnolia, TX 77355
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD EXPENSE	(b) Description CAMPAIGN MEETING WITH CONSTITUENTS
	(c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/04/2024	Payee name JUDGE WAYNE MACK CAMPAIGN
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Amount (\$) 1,000.00	Payee address; City; State; Zip Code PO BOX 2234, CONROE, TX 77305
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION MADE BY OH	Description DONATION TO JUDGE WAYNE MACK FUNDRAISER
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JUDGE WAYNE MACK	Office sought	Office held MOCO PCT 1 JP
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Date 09/06/2024	Payee name CLEARWATER EXPRESS
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Amount (\$) 44.97	Payee address; City; State; Zip Code 14206 FM 1488 Rd, Magnolia, TX 77354
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description VEHICLE WASH
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 09/07/2024	5 Payee name SPIRIT OUTLET
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6 Amount (\$) 242.93	7 Payee address; City; State; Zip Code 37129 FM 1774, MAGNOLIA, TX 77355
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GIFT/AWARDS EXPENSE	(b) Description GIFTS FOR CONSTITUENTS
	(c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/07/2024	Payee name SPIRIT OUTLET
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Amount (\$) 407.54	Payee address; City; State; Zip Code 37129 FM 1774, MAGNOLIA, TX 77355
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GIFT/AWARDS EXPENSE	Description GIFTS FOR CONSTITUENTS
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/10/2024	Payee name HANNAH ESTES
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Amount (\$) 250.00	Payee address; City; State; Zip Code 27015 SPRINGWOOD, MAGNOLIA, TX 77354
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GIFT EXPENSE	Description GRADUATION GIFT FOR CONSTITUENT
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 09/11/2024	5 Payee name H E B
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6 Amount (\$) 96.93	7 Payee address; 7988 FM 1488, MAGNOLIA, TX 77354	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description SENIOR DAY CELEBRATION DONATION
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/17/2024	Payee name JASON ALDEANS GATLINBURG
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Amount (\$) 265.00	Payee address; 644 PARKWAY, GATLINBURG, TN 37738	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	Description COMMAND STAFF DINNER
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/18/2024	Payee name JASON ALDEANS GATLINBURG
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Amount (\$) 100.00	Payee address; 644 PARKWAY, GATLINBURG, TN 37738	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	Description COMMAND STAFF MEAL
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 09/18/2024	5 Payee name OLE RED GATLINBURG
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6 Amount (\$) 70.81	7 Payee address; City; State; Zip Code 511 PARKWAY, GATLINBURG, TN 37738
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD EXPENSE	(b) Description COMMAND STAFF MEAL
	(c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/18/2024	Payee name BURG STEAKHOUSE
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Amount (\$) 381.18	Payee address; City; State; Zip Code 738 PARKWAY STE 5, GATLINBURG, TN 37738
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	Description COMMAND STAFF DINNER
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/18/2024	Payee name UNITED AIRLINES
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Amount (\$) 59.98	Payee address; City; State; Zip Code 609 MAIN ST, HOUSTON, TX 77002
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL EXPENSE	Description BAGGAGE FEE FOR TRAVEL TO TN FOR CONSTABLE CONVENTION
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 09/19/2024	5 Payee name ANAKEESTA TICKETING
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6 Amount (\$) 37.96	7 Payee address; City; State; Zip Code 576 PARKWAY, GATLINBURG, TN 37738
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description CONVENTION TEAM BUILDING
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/19/2024	Payee name ANAKEESTA TICKETING
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Amount (\$) 437.96	Payee address; City; State; Zip Code 576 PARKWAY, GATLINBURG, TN 37738
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description CONVENTION TEAM BUILDING
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/19/2024	Payee name HOUSTON TEXANS
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Amount (\$) 376.84	Payee address; City; State; Zip Code 2 NRG PARK, HOUSTON, TX 77054
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GIFTS/AWARDS	Description TICKETS FOR CONSTITUENT GIFTS
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 09/19/2024	5 Payee name SHAMROCK PUB
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6 Amount (\$) 109.00	7 Payee address; City; State; Zip Code 105 REAGAN DR, GATLINBURG, TN 37738
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description CONVENTION TEAM BONDING
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/20/2024	Payee name ANAKEESTA
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Amount (\$) 72.38	Payee address; City; State; Zip Code 576 PARKWAY, GATLINBURG, TN 37738
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description CONVENTION TEAM BONDING
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/20/2024	Payee name ANAKEESTA
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Amount (\$) 82.33	Payee address; City; State; Zip Code 576 PARKWAY, GATLINBURG, TN 37738
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description CONVENTION TEAM BONDING
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense <input type="checkbox"/>	

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 09/21/2024	5 Payee name SHAMROCK PUB
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6 Amount (\$) 184.00	7 Payee address; City; State; Zip Code 105 REAGAN DR, GATLINBURG, TN 37738
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description CONVENTION TEAM BONDING
	(c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/20/2024	Payee name OLE RED GATLINBURG
--------------------	----------------------------------

Amount (\$) 300.00	Payee address; City; State; Zip Code 511 PARKWAY, GATLINBURG, TN 37738
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	Description COMMAND STAFF DINNER
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/22/2024	Payee name MAGNOLIA FFA BOOSTER CLUB
--------------------	-----------------------------------------

Amount (\$) 138.00	Payee address; City; State; Zip Code 14350 FM 1488 RD, MAGNOLIA, TX 77354
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description FFA SHOW RAFFLE DONATION
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
-----------------------------------------	----------------------------------------------	----------------------------------------------

4 Date 09/22/2024	5 Payee name MAGNOLIA FFA BOOSTER CLUB
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6 Amount (\$) 175.00	7 Payee address; City; State; Zip Code 14350 FM 1488, MAGNOLIA, TX 77354
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	(b) Description RAFFLE DONATION
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/24/2024	Payee name MAGNOLIA FLOWER PATCH
--------------------	-------------------------------------

Amount (\$) 153.66	Payee address; City; State; Zip Code 19010 FM 1488, MAGNOLIA, TX 77355
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description FLOWERS FOR CONSTITUENT FUNERAL SERVICES
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/26/2024	Payee name MAGNOLIA HERITAGE ACADEMY
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Amount (\$) 350.00	Payee address; City; State; Zip Code 29820 DOBBIN HUFFSMITH RD, MAGNOLIA, TX 77354
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description FUNDRAISER
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 09/27/2024	5 Payee name MAGNOLIA COWBOY CHURCH
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6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 23245 GLENMONT ESTATES BLVD, MAGNOLIA, TX 77355
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	(b) Description ANNUAL RODEO DONATION
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/27/2024	Payee name MAGNOLIA COWBOY CHURCH
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Amount (\$) 500.00	Payee address; City; State; Zip Code 23245 GLENMONT ESTATES BLVD, MAGNOLIA, TX 77355
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description ANNUAL RODEO DONATION
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/01/2024	Payee name VISTA PRINT
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Amount (\$) 130.83	Payee address; City; State; Zip Code 275 WYMAN ST, WALTHAM, MA 02451
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description BINGO TICKETS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
4 Date 10/02/2024	5 Payee name MAGNOLIAS BEST STORAGE	
6 Amount (\$) 224.00	7 Payee address; City; State; Zip Code 37805 FM 1774, MAGNOLIA, TX 77355	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) RENTAL EXPENSE	(b) Description STORAGE FOR CAMPAIGN MATERIALS
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

Date 10/02/2024	Payee name MWHs SKILLS USA	
Amount (\$) 500.00	Payee address; City; State; Zip Code 42202 FM 1774, MAGNOLIA, TX 77354	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description DONATION TO SKILLS USA FUNDRAISER
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

Date 10/04/2024	Payee name COSTCO	
Amount (\$) 187.94	Payee address; City; State; Zip Code 27000 TOMBALL PKWY, TOMBALL, TX 77375	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description SUPPLIES FOR COOK TRAILER
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 10/04/2024	5 Payee name H E B
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6 Amount (\$) 58.96	7 Payee address; City; State; Zip Code 28520 TOMBALL PKWY, TOMBALL, TX 77375
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description SUPPLIES FOR COOK TRAILER
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/05/2024	Payee name RICKY GRATE
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Amount (\$) 393.00	Payee address; City; State; Zip Code 32590 REIDS PRAIRIE RD, WALLER, TX 77484
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description DONATION TO COUNTY EMPLOYEE FUNDRAISER
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/06/2024	Payee name CLEARWATER EXPRESS
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Amount (\$) 44.97	Payee address; City; State; Zip Code 14206 FM 1488, MAGNOLIA, TX 77354
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description CAMPAIGN VEHICLE WASH
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense <input type="checkbox"/>	

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

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 10/11/2024	5 Payee name E F S
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6 Amount (\$) 1,290.00	7 Payee address; City; State; Zip Code 6333 DIXIE DR, HOUSTON, TX 77087
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description NEW LIGHTING FOR CAMPAIGN VEHICLE
	(c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/15/2024	Payee name J R I FOUNDATION
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Amount (\$) 1,036.27	Payee address; City; State; Zip Code 24614 NOTTINGHAM CIRCLE, HOCKLEY, TX 77447
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description ANNUAL GALA DONATION
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/15/2024	Payee name NAPA
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Amount (\$) 315.60	Payee address; City; State; Zip Code 18260 FM 1488, MAGNOLIA, TX 77354
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description PARTS FOR DONATION VEHICLE
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 10/15/2024	5 Payee name RANCHO GRANDE
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6 Amount (\$) 167.98	7 Payee address; City; State; Zip Code 18914 FM 1488 RD, MAGNOLIA, TX 77355
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD EXPENSE	(b) Description DINNER WITH CONSTITUENTS
	(c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/15/2024	Payee name RANCHO GRANDE
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Amount (\$) 240.29	Payee address; City; State; Zip Code 18914 FM 1488 RD, MAGNOLIA, TX 77355
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	Description COMMAND STAFF DINNER
	Check If travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/16/2024	Payee name AMAZON
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Amount (\$) 69.87	Payee address; City; State; Zip Code 440 TERRY AVE, SEATTLE, WA 98109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description SUPPLIES FOR EVENT
	Check If travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense <input type="checkbox"/>	

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 10/16/2024	5 Payee name CLEARWATER EXPRESS
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6 Amount (\$) 10.15	7 Payee address; City; State; Zip Code 14206 FM 1488 RD, MAGNOLIA, TX 77354
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description VEHICLE WASH
	(c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/17/2024	Payee name AMAZON
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Amount (\$) 123.25	Payee address; City; State; Zip Code 440 TERRY AVE N, SEATTLE, WA 98109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description BRETT LIGON FUNDRAISER
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/20/2024	Payee name AMAZON
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Amount (\$) 75.06	Payee address; City; State; Zip Code 440 TERRY AVE N, SEATTLE, WA 98109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description BRETT LIGON FUNDRAISER
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
4 Date 10/23/2024	5 Payee name AMAZON	
6 Amount (\$) 21.44	7 Payee address; City; State; Zip Code 440 TERRY AVE N, SEATTLE, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description BRETT LIGON FUNDRAISER
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 10/23/2024	Payee name AMAZON	
Amount (\$) 26.80	Payee address; City; State; Zip Code 440 TERRY AVE N, SEATTLE, WA 98109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description BRETT LIGON FUNDRAISER
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 10/25/2024	Payee name AMAZON	
Amount (\$) 28.95	Payee address; City; State; Zip Code 440 TERRY AVE N, SEATTLE, WA 98109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description BRETT LIGON FUNDRAISER
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 10/25/2024	5 Payee name SOCIETY OF SAMARITANS
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6 Amount (\$) 40.00	7 Payee address; City; State; Zip Code 31355 FRIENDSHIP DR, MAGNOLIA, TX 77355
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	(b) Description PURSE BINGO FUNDRAISER
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

Date 10/25/2024	Payee name SOCIETY OF SAMARITANS
---------------------------	--------------------------------------------

Amount (\$) 40.00	Payee address; City; State; Zip Code 31355 FRIENDSHIP DR, MAGNOLIA, TX 77355
-----------------------------	----------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description PURSE BINGO FUNDRAISER
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/30/2024	Payee name CHAD JORDAN
---------------------------	----------------------------------

Amount (\$) 574.80	Payee address; City; State; Zip Code 24614 NOTTINGHAM CIRCLE, HOCKLEY, TX 77447
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description BASEBALL TEAM DONATION
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 10/31/2024	5 Payee name NAPA
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6 Amount (\$) 16.23	7 Payee address; City; State; Zip Code 18260 FM 1488 RD, MAGNOLIA, TX 77354
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	(b) Description PARTS FOR DONATED VEHICLE
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/01/2024	Payee name AMAZON
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Amount (\$) 21.44	Payee address; City; State; Zip Code 440 TERRY AVE N, SEATTLE, WA 98109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description SUPPLIES FOR BREAKFAST WITH SANTA
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/01/2024	Payee name AMAZON
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Amount (\$) 96.51	Payee address; City; State; Zip Code 440 TERRY AVE N, SEATTLE, WA 98109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description SUPPLIES FOR BREAKFAST WITH SANTA
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 11/03/2024	5 Payee name MAGNOLIA'S BEST STORAGE
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6 Amount (\$) 224.00	7 Payee address; City; State; Zip Code 37805 FM 1774, MAGNOLIA, TX 77355
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) RENTAL EXPENSE	(b) Description STORAGE FOR CAMPAIGN MATERIALS
	(c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/06/2024	Payee name CHURROLOGY
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Amount (\$) 868.53	Payee address; City; State; Zip Code 200 FOUNTAIN LN # 7108, CONROE, TX 77304
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description DESSERT FOR STAFF CHRISTMAS PARTY
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/06/2024	Payee name CLEARWATER EXPRESS
--------------------	----------------------------------

Amount (\$) 59.96	Payee address; City; State; Zip Code 14206 FM 1488 RD, MAGNOLIA, TX 77354
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description VEHICLE WASH
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 11/07/2024	5 Payee name MAGNOLIA SUPPORT GROUP
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6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code PO BOX 1578, MAGNOLIA, TX 77353
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	(b) Description DONATION TO KOLE CURRY FUNDRAISER
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/07/2024	Payee name PORTER'S DINING
---------------------------	--------------------------------------

Amount (\$) 809.96	Payee address; City; State; Zip Code 180 CENTURY SQUARE DR STE 120, COLLEGE STATION, TX 77840
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	Description DINNER WITH CONSTITUENTS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

Date 11/08/2024	Payee name TICKETMASTER
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Amount (\$) 313.05	Payee address; City; State; Zip Code 9348 CIVIC CENTER DR, BEVERLY HILLS, CA 90210
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description DONATED TICKETS FOR FUNDRAISER
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 11/08/2024	5 Payee name VISTA PRINT
-----------------------------	------------------------------------

6 Amount (\$) 108.93	7 Payee address; City; State; Zip Code 275 WYMAN ST, WALTHAM, MA 02451
--------------------------------	----------------------------------------------------------------------------------

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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/09/2024	Payee name CAVENDERS
--------------------	-------------------------

Amount (\$) 331.25	Payee address; City; State; Zip Code 6760 GRAND PKWY, SPRING, TX 77389
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description SUPPLIES FOR A SHELTERED LIFE FUNDRAISER
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/10/2024	Payee name QTEGO FUNDRAISING SERVICE
--------------------	-----------------------------------------

Amount (\$) 618.00	Payee address; City; State; Zip Code 18806 ROBERTS RD, HOCKLEY, TX 77447
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description A SHELTERED LIFE FUNDRAISER
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 11/12/2024	5 Payee name STARK LIVERY
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6 Amount (\$) 988.38	7 Payee address; City; State; Zip Code 3811 ADE ST, HOUSTON, TX 77063
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GIFT/AWARD EXPENSE	(b) Description CONSTITUENT OUTING DONATION
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/13/2024	Payee name JOSH HAYDEN
---------------------------	----------------------------------

Amount (\$) 250.00	Payee address; City; State; Zip Code 25980 PECAN GROVE, CLEVELAND, TX 77328
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GIFT EXPENSE	Description WEDDING GIFT FOR COMMAND STAFF EMPLOYEE
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/15/2024	Payee name JASON LEGNON
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Amount (\$) 248.00	Payee address; City; State; Zip Code 23534 CANNONDALE LOOP, MONTGOMERY, TX 77316
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description BASEBALL TEAM DONATION
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 11/16/2024	5 Payee name MAGNOLIA EDUCATION FOUNDATION
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6 Amount (\$) 93.00	7 Payee address; City; State; Zip Code PO BOX 55, MAGNOLIA, TX 77353
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	(b) Description ROOTS CONCERT DONATION
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/21/2024	Payee name STARK LIVERY
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Amount (\$) 7.96	Payee address; City; State; Zip Code 3811 ADE ST, HOUSTON, TX 77063
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GIFT EXPENSE	Description CONSTITUENT OUTING
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/25/2024	Payee name TOTAL WINE
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Amount (\$) 1,073.19	Payee address; City; State; Zip Code 7640 CYPRESS CREEK PKWY, HOUSTON, TX 77070
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BEVERAGE EXPENSE	Description SUPPLIES FOR STAFF CHRISTMAS PARTY
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 11/26/2024	5 Payee name COSTCO
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6 Amount (\$) 141.42	7 Payee address; City; State; Zip Code 12405 N GESSNER RD, HOUSTON, TX 77064
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description SUPPLIES FOR STAFF CHRISTMAS PARTY
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/28/2024	Payee name AMAZON
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Amount (\$) 81.88	Payee address; City; State; Zip Code 440 TERRY AVE N, SEATTLE, WA 98109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description SUPPLIES FOR STAFF CHRISTMAS PARTY
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

Date 11/30/2024	Payee name RANCHO GRANDE
--------------------	-----------------------------

Amount (\$) 195.68	Payee address; City; State; Zip Code 18914 FM 1488 RD, MAGNOLIA, TX 77355
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	Description COMMAND STAFF LUNCH
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
4 Date 12/02/2024	5 Payee name MAGNOLIA'S BEST STORAGE	
6 Amount (\$) 224.00	7 Payee address; City; State; Zip Code 37805 FM 1774, MAGNOLIA, TX 77355	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) RENTAL EXPENSE	(b) Description STORAGE FOR CAMPAIGN MATERIALS
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

Date 12/04/2024	Payee name LUPE TORTILLA	
Amount (\$) 1,119.02	Payee address; City; State; Zip Code 22465 TOMBALL PKWY, HOUSTON, TX 77070	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description DINNER FOR STAFF CHRISTMAS PARTY
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

Date 12/05/2024	Payee name AMAZON	
Amount (\$) 25.72	Payee address; City; State; Zip Code 440 TERRY AVE N, SEATTLE, WA 98109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description SUPPLIES FOR STAFF CHRISTMAS PARTY
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
4 Date 12/05/2024	5 Payee name H E B	
6 Amount (\$) 538.60	7 Payee address; City; State; Zip Code 7988 FM 1488, MAGNOLIA, TX 77354	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description SUPPLIES FOR STAFF CHRISTMAS PARTY
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date 12/06/2024	Payee name CLEARWATER EXPRESS	
Amount (\$) 59.96	Payee address; City; State; Zip Code 14206 FM 1488 RD, MAGNOLIA, TX 77354	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description VEHICLE WASH
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date 12/08/2024	Payee name CHICK FIL A	
Amount (\$) 286.86	Payee address; City; State; Zip Code 6543 FM 1488, MAGNOLIA, TX 77354	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description FOOD FOR STAFF CHRISTMAS PARTY
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 12/10/2024	5 Payee name J R I FOUNDATION
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6 Amount (\$) 4,800.00	7 Payee address; City; State; Zip Code 24614 NOTTINGHAM CIRCLE, HOCKLEY, TX 77447
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	(b) Description ANNUAL GALA DONATION
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/11/2024	Payee name MAGNOLIA REPUBLICAN GROUP
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Amount (\$) 500.00	Payee address; City; State; Zip Code 30310 CHARLIE LN, MAGNOLIA, TX 77355
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description DONATION TO REPUBLICAN CLUB CHRISTMAS PARTY
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/11/2024	Payee name THE BEES KNEES
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Amount (\$) 1,313.83	Payee address; City; State; Zip Code 30310 CHARLIE LN, MAGNOLIA, TX 77355
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description VENUE RENTAL FOR STAFF CHRISTMAS PARTY
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
4 Date 12/17/2024	5 Payee name HOUSTON TEXANS	
6 Amount (\$) 335.00	7 Payee address; City; State; Zip Code 2 NRG PARK, HOUSTON, TX 77054	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GIFT/AWARD EXPENSE	(b) Description TICKETS FOR DONATIONS
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/18/2024	Payee name VISTA PRINT	
Amount (\$) 139.40	Payee address; City; State; Zip Code 275 WYMAN ST, WALTHAM, MA 02451	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description BINGO TICKETS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/20/2024	Payee name CHICK FIL A	
Amount (\$) 303.10	Payee address; City; State; Zip Code 6543 FM 1488, MAGNOLIA, TX 77354	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description BREAKFAST FOR SENIOR DAY CHRISTMAS CELEBRATION
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44		2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)	
4 Date 12/20/2024		5 Payee name PATRIOTS OF TEXAS			
6 Amount (\$) 907.00		7 Payee address; City; State; Zip Code PO BOX 171, ANDERSON, TX 77380			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION MADE BY OH		(b) Description DONATION TO ADOPT A FAMILY		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/23/2024	Payee name SPIRIT OUTLET		
Amount (\$) 349.61	Payee address; City; State; Zip Code 37129 FM 1774, MAGNOLIA, TX 77355		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GIFT EXPENSE		Description CONTITUENT GIFTS
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/24/2024	Payee name MAGNOLIA FLOWER PATCH		
Amount (\$) 140.13	Payee address; City; State; Zip Code 19010 FM 1488 RD, MAGNOLIA, TX 77355		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GIFT EXPENSE		Description FLOWERS FOR CONSTITUENT FUNERAL SERVICES
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense

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

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
4 Date 12/24/2024	5 Payee name WALGREENS	
6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code 18850 FM 1488 RD, MAGNOLIA, TX 77355	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GIFT EXPENSE	(b) Description GIFT CARDS FOR OFFICE ASSISTANTS
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

Date 12/31/2024	Payee name ZIPPS LIQUOR	
Amount (\$) 324.74	Payee address; City; State; Zip Code 10940 FM 1488 RD, MAGNOLIA, TX 77354	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GIFT EXPENSE	Description COMMAND STAFF GIFTS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

Date 07/21/2024	Payee name GO FUND ME	
Amount (\$) 585.00	Payee address; City; State; Zip Code 2211 N 1ST ST, SAN JOSE, CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description DONATION TO CONSTITUENT
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 08/08/2024	5 Payee name ELIZABETH MINTER
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6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 11625 PRINCE ANDREW, MONTGOMERY, TX 77316
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	(b) Description DONATION TO JWS MEMORIAL SCHOLARSHIP FOUNDATION
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/04/2024	Payee name GIVE BUTTER
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Amount (\$) 257.78	Payee address; City; State; Zip Code 2810 NORTH CHURCH ST STE 53748, WILMINGTON, DE 19802
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description DONATION TO COSTITUENT
	Check If travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/22/2024	Payee name BRETT LIGON
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Amount (\$) 500.00	Payee address; City; State; Zip Code PO BOX 805, MONTGOMERY, TX 77356
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY OH	Description ANNUAL FUNDRAISER
	Check If travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense <input type="checkbox"/>	

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

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44		2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)	
4 Date 10/30/2024		5 Payee name BRETT LIGON			
6 Amount (\$) 2,250.00		7 Payee address; City; State; Zip Code PO BOX 805, MONTGOMERY, TX 77356			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION MADE BY OH		(b) Description ANNUAL FUNDRAISER		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 11/11/2024		Candidate / Officeholder name MARILYN GRIMM			
Amount (\$) 500.00		Payee address; City; State; Zip Code 31833 WALNUT CREEK RD, MAGNOLIA, TX 77355			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description FOOD DONATION FOR CONSTITUENT PARTY		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 12/06/2024		Candidate / Officeholder name MARILYN GRIMM			
Amount (\$) 600.00		Payee address; City; State; Zip Code 31833 WALNUT CREEK RD, MAGNOLIA, TX 77355			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description FOOD DONATION FOR CONSTITUENT PARTY		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME CONSTABLE CHRIS JONES	3 Filer ID (Ethics Commission Filers)
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4 Date 09/18/2024	5 Payee name STARK LIVERY
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6 Amount (\$) 336.60	7 Payee address; City; State; Zip Code 3811 ADE ST, HOUSTON, TX 77063
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GIFT EXPENSE	(b) Description TRAVEL BUS FOR CONSTITUENT TRIP
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1
2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee UNITED AIRLINES		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel 9/15/24 - 9/20/24	7 Name of person(s) traveling MELISSA JONES, CHRIS JONES, CHAD WALLING, SHERILYN WALLING	
	8 Departure city or name of departure location HOUSTON	
	9 Destination city or name of destination location GATLINBURG, TN	
10 Means of transportation AIR	11 Purpose of travel (including name of conference, seminar, or other event) NATIONAL CONSTABLES AND MARSHALS ASSOCIATION CONFERENCE	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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