1		CEHOLDER CEREPORT		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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST CHRISTOPHER	мі М	OFFICE USE ONLY
NAME	NICKNAME CHRIS	JONES	SUFFIX	Date Received OUNTY ELECTIONS OUT FILED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	PO BOX 52,	APT / SUITE #; C MAGNOLIA, TX 7	oity; state; zip code 7353	Date Received Date Received PECEIVED PARTIE PARTIE
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	1 48 pgs 2 /
OFFICEHOLDER PHONE	(281)	541-5391		Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER	MS/MRS/MR	FIRST MELISSA	MI	NOOHIPE #
NAME	MRS NICKNAME	LAST	SUFFIX	Date Processed
	MOMPHAE	JONES	GGIIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SU EBERRY RD, MAG		STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(281)	PHONE NUMBER 989-5699	EXTENSION	
9 REPORT TYPE	January 15	30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Altach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year / 1 / 24	THROUGH 12	Day Year / 31 / 24
11 ELECTION	ELECTION DA	TE Primary	ELECTION TYPE Runoff Other	
	Month Day	Year General	Runoff Description Special	
12 OFFICE	OFFICE HELD (if any)	<u> </u>	13 OFFICE SOUGHT (if known)
	MONTGOMERY	COUNTY PCT 5 CONST	ABLE	·
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	CEHOLDER. <i>THESE EXPENDITURES</i>	MAY HAVE BEEN MADE WITHOUT THE CANE	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

· · · · · · · · · · · · · · · · · · ·			
15 C/OH NAME CONSTABLE CHRIS	JONES	16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	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 POLÍTICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	110,181.94
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$	0.00
i e e e e e e e e e e e e e e e e e e e	wear, or affirm, under penalty of perjury, that the accompanying report is true	e and correct	and includes all information
rec	quired to be reported by me under Title 15, Election Code.		
	Signature of Ca	ındidate or (Officeholder
	Please complete either option below	v:	
(1) Affidavit	BRIANA REYNA NOTARY PUBLIC, STATE OF TEXAS		
	Notary ID #13377554-7		
NOTARY STAMP/SEA	Expires May 23, 2026		
Sworn to and subscribed	before me by Briana Reyna this the	14th 0	lay of January.
	which, witness my hand and seal of office.		0
Buranco 1	Persona Chris Jones		constable
Signature of officer administe	ring oath Printed name of officer administering oath	Tit	le of officer administering oath
	OR		
(2) Unsworn Declaration	on		
My name is	, and my date of birth is		
My address is			· · · · · · · · · · · · · · · · · · ·
	(street) (city) (s		code) (country)
Executed in	County, State of, on the day of(month	<u> </u>	20 (year)
	·		
	Signature of Candid	aate/Officeho	pider (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics			sion 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.	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 CONTRIBUT TO FILER	IONS RETURNED	\$	0.00

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethic	s Commission Filers)
4 Date 07/02/2024	5 Payee name BEAU CHUMLEY	•		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
250.00	43138 Sanders Cemetery Rd, Magno	olia, TX 77354		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	GIFT	GRADUATION	N GIFT	
OF EXPENDITURE				
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
07/02/2024	MAGNOLIA'S BEST STORAGE			
Amount (\$)	Payee address;	City;	State;	Zip Code
224.00	37805 FM 1774, Magnolia, TX 77355	5		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	RENTAL EXPENSE	STORAGE FO	OR CAMPAIG	ON MATERIAL
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check If Austii	n, TX, officeholder living	j expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
07/06/2024	CLEARWATER EXPRESS			i
Amount (\$)	Payee address;	City;	State;	Zlp Code
44.97	14206 FM 1488 Rd, Magnolia, TX 773	354		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	FEES	VEHICLE WAS	SH .	
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check If Austir	n, TX, officeholder living	ı expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	•	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The instruction Guide explains how to complete this form.

	The filestraction during explains now to c	ompiete ans form:		
1 Total pages Schedule F1	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date 07/07/2024	5 Payee name AMAZON			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
104.86	440 Terry Ave N, Seattle, WA 98109			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	FEES	SUPPLIES FO	OR STORM R	ESCUE TEAM
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
07/09/2024	AMAZON			
Amount (\$)	Payee address;	City;	State;	Zip Code
65.36	440 Terry Ave N, Seattle, WA 98109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description NEW CAMPA	IGN SHIRTS	
	Check if travel outside of Texas. Complete Schedule T.	Check If Aust	in, TX, officeholder living	expense
Complete <u>QNLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
07/09/2024	AMAZON			
Amount (\$)	Payee address;	City;	State;	Zip Code
130.32	440 Terry Ave N, Seattle, WA 98109			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	NEW CAMPAI	GN SHIRTS	
	Check If travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Openations Made By
Candidate/Openations/Openations/Openations/Openations/Openations/Openations/Openations/Openations/Openations/Openations/Openations

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

Cledic Card Payment	The Instruction Guide explains how to e	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics Con	nmission Filers)
4 Date 07/11/2024	5 Payee name			
07/11/2024 6 Amount (\$)	JASON SCOGGINS 7 Payee address;	City;	State: Z	ip Code
		•	State, 2	пр Соде
468.00	27131 Mohaka Dr, Magnolia, TX 773	04		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	FUNDRAISEF	₹	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder fiving expe	nse
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Offic	ce held
Date	Payee name			
07/18/2024	TUFF		•	
Amount (\$)	Payee address;	City;	State; Z	ip Code
2,072.54	11510 FM 1488 Bldg E, Magnolia, T	X 77354		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	DONATION MADE BY OH	ANNUAL FUN	IDRAISER	
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check If Austi	in, TX, officeholder living expe	nse
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Offic	ce held
Date	Payee name	, ,		
07/19/2024	HOUSTON TEXANS			
Amount (\$)	Payee address;	City;	State; Z	Ip Code
376.88	2 NRG Park, Houston, TX 77054			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	GIFTS/AWARDS	TICKETS FOR	DONATIONS	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expe	nse
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Offi	ice held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CONSTABLE CHRIS JONES 4 Date 5 Payee name 07/19/2024 TYLER NEUBAUM 6 Amount (\$) City; 7 Payee address; Zip Code State: 33027 Tamina Rd, Magnolia, TX 77354 300.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 WINDOW TINT ON VEHICLE CONTRACT LABOR **PURPOSE** EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date UNITED AIRLINES 07/21/2024 Amount (\$) City; State; Zip Code Pavee address: 609 Main St. Houston, TX 77002 1,017.92 Category (See Categories listed at the top of this schedule) Description TRAVEL OUT OF DISTRICT NATIONAL CONSTABLES AND MARSHALS **PURPOSE** ASSOCIATION CONFERENCE EXPENDITURE Check if fravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 07/23/2024 MAIN STREET CROSSING Amount (\$) Payee address: City; State: Zlp Code 111 W Main St, Tomball, TX 77375 1,322.64 Description Category (See Categories listed at the top of this schedule) GIFTS/AWARDS **PURPOSE** TICKETS FOR DONATIONS OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Gard Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethio	s Commission Filers)
4 Date	5 Payee name			
07/23/2024	TROY LOGAN			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,000.00	22650 Baneberry Rd, Magnolia, TX 7	7355		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	FUNDRAISER	{	
	(c) Check if travel outside of Texas, Complete Schedule T,	Check if Austi	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name	g,pg		
07/29/2024	MAGNOLIA'S FIRST BAPTIST CHUI	RCH		
Amount (\$)	Payee address;	City;	State;	Zip Code
250.00	18525 FM 1488, Magnolia, TX 77354	ļ		·
	Category (See Calegories listed at the top of this schedule)	Description		
PURPOSE OF	DONATION MADE BY OH	ANNUAL FUN	IDRAISER	
EXPENDITURE				
	Check if travel outside of Texas, Complete Schedule T.	Check If Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
07/31/2024	AMAZON			
Amount (\$)	Payee address;	City;	State;	Zlp Code
214.56	440 Terry Ave N, Seattle, WA 98109			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	OFFICE EXPENSE	CAMPAIGN SU	UPPLIES	
	Check if Iravel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	The instruction Guide explains how to d	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethica	s Commission Filers)
4 Date 07/31/2024	5 Payee name MAGNOLIA SUPPORT GROUP			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
28.52	PO BOX 1578, MAGNOLIA, TX 7735	53		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	DONATION MADE BY OH	BINGO DONA	TION	
OF EXPENDITURE				
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		·	
08/02/2024	CELINE RODRIGUEZ			
Amount (\$)	Payee address;	City;	State;	Zip Code
250.00	21619 AVALON QUEEN DR, SPRING	G, TX 77379		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	GIFT	GRADUATION	N GIFT	
OF EXPENDITURE				
	Check if travel cutside of Texas. Complete Schedule T,	Check If Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/02/2024	MAGNOLIA'S BEST STORAGE			
Amount (\$)	Payee address;	City;	State;	Zip Code
224.00	37805 FM 1774, Magnolia, TX 77355			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	RENTAL EXPENSE	STORAGE FO	R CAMPAIG	N MATERIALS
	Check if travel outside of Toxas, Complete Schedule T.	Check If Austi	n, TX, officeholder living	expense
Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	:DED	
	ALIAGRADA DI MARCO ILLO OLI ILIIO	COLLEGE TO HEL		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Credit Card Payment	The Instruction Gulde explains how to o	complete this form.	
I Total pages Schedule F1: 닉니	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
Date 08/06/2024	5 Payee name CLEARWATER EXPRESS		
3 Amount (\$)	7 Payee address;	City;	State; Zip Code
44.97	14206 FM 1488 Rd, Magnolia, TX 77	354	
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	FEES	VEHICLE WA	SH
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	And the state of t	
08/06/2024	VISTA PRINT		
Amount (\$)	Payee address;	City;	State; Zip Code
4.29	275 Wyman St, Waltham, MA 02451		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	BINGO TICKET SUPPORT GRO	DONATION TO MAGNOLIA DUP
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/06/2024	VISTA PRINT		
Amount (\$)	Payee address;	City;	State; Zip Code
126.54	275 Wyman St, Waltham, MA 02451		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	DONATION MADE BY OH BINGO TICKET DONATION TO MAGNOLIA SUPPORT GROUP		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date 08/08/2024	5 Payee name DRILLBIT ROUGHNECK BASEBAL	}	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
250.00	14100 Adams Ln, Pinehurst, TX 7730	•	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	BASEBALL TI	EAM DONATION
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
08/08/2024	RANCHO GRANDE		
Amount (\$)	Payee address;	City;	State; Zip Code
100.15	18914 FM 1488 Rd, Magnolia, TX 77	'355	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	FOOD EXPENSE	COMMAND S	STAFF MEETING
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tln, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
08/09/2024	CHRISTY WISHNEWSKI		
Amount (\$)	Payee address;	City;	State; Zlp Code
1,759.00	327 MAGNOLIA BUSINESS PARK D)R, MAGNOLIĄ	, IX //354
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	MEDICAL EXF	PENSES DONATION
;	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics Co	ommission Filers)
4 Date	5 Payee name			
08/09/2024	THE MEATING PLACE			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
511.48	41902 FM 1774, Magnolia, TX 77355	5		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	LUNCH DONA MEMORIAL S	ATION FOR MR SERVICE	GULLO
	(c) Check if travel outside of Texas, Complete Schedule T,	Check If Aust	in, TX, officeholder living exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O.	Candidate / Officeholder name H	Office sought	Off	ice held
Date	Payee name			
08/10/2024	SOCIETY OF SAMARITANS			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,000.00	31355 Friendship Dr, Magnolia, TX 7	7355		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	DONATION MADE BY OH	PURSE BING	O SPONSOR	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check If Aust	in, TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Off	ice held
Date	Payee name			
08/13/2024	MHS LADY BULLDOG PTA			
Amount (\$)	Payee address;	City;	State;	Zip Code
350.00	14350 FM 1488, Magnolia, TX 77354	•		
————····	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	DONATION MADE BY OH	MHS GIRLS B	ASKETBALL TE	EAM
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check If Austi	in, TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Of	fice held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	i ne instruction Guide explains now to	complete this form.		
1 Total pages Schedule F1	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethlo:	s Commission Filers)
4 Date 08/17/2024	5 Payee name HOUSTON TEXANS			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
376.88	2 NRG Park, Houston, TX 77054			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	GIFT/AWARDS EXPENSE	TICKETS FOR	R DONATION	IS
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aust	tin, TX, officeholder living) expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held
Date	Payee name			
08/24/2024	OUTHOUSE BOYS			
Amount (\$)	Payee address;	City;	State;	Zip Code
540.49	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	R PATRIOTS OI	F TEXAS EVENT
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living) expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/25/2024	BARTENDING 2 U			
Amount (\$) 345.60	Payee address; 4560 W 34th St Ste A, Houston, TX 7	City; 77092	State;	Zlp Code
	Category (See Categories listed at the top of this schedule)	Description		, .,
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	DONATION TO GALA	O TUFF FOR 	ANNUAL
	Check If travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living) expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

4 Date 5 08/26/2024	CONSTABLE CHRIS JONES 5 Payee name		3 Filer ID (Ethics	Commission Filers)
08/26/2024	·			
6 Amount (\$)	TUFF			
,., -	7 Payee address;	City;	State;	Zip Code
50.00	11510 FM 1488 Bldg E, Magnolia, TX	(77354		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	DONATION F	OR ANNUAL	GALA
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/27/2024 N	MHS CROSS COUNTRY			
Amount (\$)	Payee address;	City;	State;	Zip Code
250.00	14350 FM 1488, Magnolia, TX 77354			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	DONATION TO	MHS CROSS C	DUNTRY TEAM
	Check if travel outside of Texas, Complete Schedule T.	Check If Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/01/2024 N	MAGNOLIA EDUCATION FOUNDAT	ION		
Amount (\$)	Payee address;	City;	State;	Zlp Code
1,215.00	PO Box 55, Magnolia, TX 77353			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE [OF EXPENDITURE		DONATION TO FUNDRAISER		NCERT
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	өхрөлзө
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Orom Gara Layrion	The Instruction Guide explains how to e	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics Co	ommission Filers)
4 Date 09/02/2024	5 Payee name MAGNOLIA'S BEST STORAGE			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
224.00	37805 FM 1774, Magnolia, TX 77355	5		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	RENTAL EXPENSE	STORAGE FO	OR CAMPAIGN	MATERIALS
	(c) Check if travel outside of Texas, Complete Schedule T,	Check if Austi	in, TX, officeholder living exp	Dense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Of	fice held
Date	Payee name			
09/03/2024	CHAD JORDAN			
Amount (\$)	Payee address;	City;	State;	Zlp Code
1,818.00	24614 Nottingham Circle, Hockley, T.	X 77447		'
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	DONATION MADE BY OH	DONATION FOR	R WALKER BASEE	BALL TEAM
EXPENDITURE				
	Check if travel culside of Texas. Complete Schedule T.	Check If Austi	in, TX, officeholder living exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Of	ice held
Date	Payee name			
09/03/2024	RANCHO GRANDE			
Amount (\$)	Payee address;	City;	State;	Zip Code
184.62	18914 FM 1488 Rd, Magnolia, TX 773	355		
	Category (See Categories listed at the top of this schedule)	Description		, , , , , , , , ,
PURPOSE OF EXPENDITURE	FOOD EXPENSE	COMMAND ST	TAFF MEETING	9
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	0	ffice held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Gredit Gard Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
09/03/2024	RANCHO GRANDE			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
260.55	18914 FM 1488 Rd, Magnolia, TX 77	355		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	FOOD EXPENSE	CAMPAIGN M CONSTIUENT	EETING WITH 'S	
	(c) Check if travel outside of Texes, Comptete Schedule T.	Check if Austir	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	/ .		_
09/04/2024	JUDGE WAYNE MACK CAMPAIGN			
Amount (\$)	Payee address;	City;	State; Zip Code	
1,000.00	PO BOX 2234, CONROE, TX 77305			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	CONTRIBUTION MADE BY OH	DONATION TO J FUNDRAISER	IUDGE WAYNE MACK	
EXPENDITURE	Check if travel outside of Texas, Complete Schedule T.	Check if Austir	n, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	JUDGE WAYNE MACK		MOCO PCT 1 JP	
Date	Payee name	, , , , , , , , , , , , , , , , , , , ,		
09/06/2024	CLEARWATER EXPRESS			
Amount (\$)	Payee address;	City;	State; Zip Code	
44.97	14206 FM 1488 Rd, Magnolia, TX 773	354		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	FEES	VEHICLE WAS	H	
	Check if travol outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date 09/07/2024	5 Payee name SPIRIT OUTLET		-	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
242.93	37129 FM 1774, MAGNOLIA, TX 773	355		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	GIFT/AWARDS EXPENSE	GIFTS FOR C	ONSTITUEN	TS
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
09/07/2024	SPIRIT OUTLET			
Amount (\$)	Payee address;	City;	State;	Zip Code
407.54	37129 FM 1774, MAGNOLIA, TX 773	355		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	GIFT/AWARDS EXPENSE	GIFTS FOR C	CONSTITUEN	TS
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			,
09/10/2024	HANNAH ESTES			
Amount (\$)	Payee address;	City;	State;	Zip Code
250.00	27015 SPRINGWOOD, MAGNOLIA,	TX 77354		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	GIFT EXPENSE	GRADUATION CONSTITUEN		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIU E AS NEG	:DFD	
	WI INCITADDUIDINAL COLIES OF THIS	CONEDULE AS NE		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

,	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	s Commission Filers)
4 Date 09/11/2024	5 Payee name HEB			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
96.93	7988 FM 1488, MAGNOLIA, TX 773	54		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	EVENT EXPENSE	SENIOR DAY	CELEBRATI	ON
OF EXPENDITURE		DONATION		
	(c) Check if Iravel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living) expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			,
09/17/2024	JASON ALDEANS GATLINBURG			
Amount (\$)	Payee address;	City;	State;	Zip Code
265.00	644 PARKWAY, GATLINBURG, TN	37738		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	FOOD EXPENSE	COMMAND S	TAFF DINNE	:R
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, ⊤X, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/18/2024	JASON ALDEANS GATLINBURG			
Amount (\$)	Payee address;	Clty;	State;	Zlp Code
100.00	644 PARKWAY, GATLINBURG, TN 3	37738		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	FOOD EXPENSE	COMMAND ST	TAFF MEAL	
Mark Mil 100 1 Mil 100	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expanse
Complete ONLY if disco-	Candidate / Officeholder name	Office sought		Office held
Complete <u>QNLY</u> if direct expenditure to benefit C/OF		Onice sought	<u>.</u>	Silos roid
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule リム	F1: 2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethic	s Commission Filers)
4 Date 09/18/2024	5 Payee name OLE RED GATLINBURG			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
70.81	511 PARKWAY, GATLINBURG, TN	37738		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	FOOD EXPENSE	COMMAND S	STAFF MEAL	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aus	stin, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direc expenditure to benefit C		Office sought		Office held
Date	Payee name			
09/18/2024	BURG STEAKHOUSE			
Amount (\$)	Payee address;	City;	State;	Zip Code
381.18	738 PARKWAY STE 5, GATLINBUR	G, TN 37738		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	FOOD EXPENSE	COMMAND	STAFF DINNE	ER
	Check if travel outside of Texas, Complete Scheduls T.	Check if Aus	itin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought		Office held
Date	Payee name			
09/18/2024	UNITED AIRLINES			
Amount (\$)	Payee address;	City;	State;	Zip Code
59.98	609 MAIN ST, HOUSTON, TX 77002			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	TRAVEL EXPENSE	BAGGAGE FE FOR CONSTA		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C		Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Oreclit Sald Fay nerst	The Instruction Guide explains how to d	complete this form.		:
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
09/19/2024	ANAKEESTA TICKETING			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
37.96	576 PARKWAY, GATLINBURG, TN 3	37738		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	EVENT EXPENSE	CONVENTION	N TEAM BUIL	DING
OF EXPENDITURE				
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
09/19/2024	ANAKEESTA TICKETING			
Amount (\$)	Payee address;	City;	State;	Zip Code
437.96	576 PARKWAY, GATLINBURG, TN 3	37738		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	EVENT EXPENSE	CONVENTION	N TEAM BUIL	DING
OF EXPENDITURE				
	Check if travel outside of Yexas, Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> If direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office sought		Office held
Date	Payee name			
09/19/2024	HOUSTON TEXANS			
Amount (\$)	Payee address;	Clty;	State;	Zip Code
376.84	2 NRG PARK, HOUSTON, TX 77054			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	GIFTS/AWARDS	TICKETS FOR	CONSTITUE	NT GIFTS
i	Check if travel outside of Texas. Complete Schodule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Gredit Gaid Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
09/19/2024	SHAMROCK PUB		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
109.00	105 REAGAN DR, GATLINBURG, TI	N 37738	ı
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	EVENT EXPENSE	CONVENTION	N TEAM BONDING
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
09/20/2024	ANAKEESTA		
Amount (\$)	Payee address;	City;	State; Zip Code
72.38	576 PARKWAY, GATLINBURG, TN	37738	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	EVENT EXPENSE	CONVENTION	N TEAM BONDING
OF EXPENDITURE			
	Check if travel outside of Texas, Complete Schedule T.	Check If Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/20/2024	ANAKEESTA		
Amount (\$)	Payee address;	City;	State; Zip Code
82.33	576 PARKWAY, GATLINBURG, TN 3	37738	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	EVENT EXPENSE	CONVENTION	I TEAM BONDING
		Charle it Augste	n, TX, officeholder living expense
	Check if travel outside of Texas. Complete Schedule T.	Check ii Austii	III 174 Ciliodicido irving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

CONSTABLE CHRIS JONES 4 Date 09/21/2024 5 Payee name SHAMROCK PUB 6 Amount (\$) 7 Payee address; City; Str 184.00 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description CONVENTION TEAM Office sought Payee name OJ/20/2024 Amount (\$) Payee address; City: Str 300.00 Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Candidate / Officeholder name City: Str 300.00 Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought	
9 Complete ONLY if direct expenditure Parpose OF EXPENDITURE OLE OF EXPENDITURE Payee address; (a) Category (See Categories listed at the top of this schedule) (b) Description CONVENTION TEAM (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Office holder name Office sought Payee name OLE RED GATLINBURG Amount (\$) Payee address; City: States of States of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Payee address; City: States of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Payee address; City: States of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Payee Complete ONLY if direct expenditure to benefit C/OH Candidate / Office holder name Candidate / Office holder name Category (See Categories listed at the top of this schedule) Committee ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought	BONDING der living expense Office held
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09/22/2024 MAGNOLIA FFA BOOSTER CLUB	
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138.00 14350 FM 1488 RD, MAGNOLIA, TX 77354	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

The Instruction Guide explains how to complete this form

1 Total pages Scheduler Files CONSTABLE CHRIS JONES 4 Date 09/22/2024 5 Payee name MAGNOLIA FFA BOOSTER CLUB 175.00 14350 FM 1488, MAGNOLIA, TX 77354 8 PURPOSE OF EXPENDITURE (4) Crategory (See Categories State of Thom. Complete Scholade) (b) Description RAFFLE DONATION RAFFLE DONATION POUND Payee name MAGNOLIA FLOWER PATCH Amount (8) 19 Complete QMLY if direct of Danal Payee address: City: State; Zip Code Cardiglory (See Categories State of Thom. Complete Scholade) DONATION MADE BY OH Payee address: City: State; Zip Code Office bought Office held Payee name MAGNOLIA FLOWER PATCH Amount (8) Purpose Complete QMLY if direct of Code Categories Intended of Thom. Complete Scholade Complete QMLY if direct of Code Categories Intended of Thom. Complete Scholade Complete QMLY if direct of Code Categories Intended of Thom. Complete Scholade Purpose Complete QMLY if direct of Code Categories Intended of Thom. Complete Scholade Category (See Categories Intended Scholade) Purpose Office DonATION MADE BY OH Category (See Categories Intended Scholade) Purpose Office Sought City: State; Zip Code Cardiglory (See Categories Intended Scholade) Category (See Categories Intended Scholade) Category (See Categories Intended Scholade) Complete QMLY if direct of Code Category (See Categories Intended Scholade) Complete QMLY if direct of Code Category (See Categories Intended Scholade) Complete QMLY if direct of Code Category (See Categories Intended Scholade) Complete QMLY if direct of Code Categories Intended Code Category (See Categories Intended Scholade) Complete QMLY if direct of Code Categories Intended Code Categories Inten		The mandenon outde explains now to t	somplete and form.		
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

1 Total pages Schedule F1:			3 Filer ID (Ethlo	Commission Filers)
44	CONSTABLE CHRIS JONES			
4 Date 09/27/2024	5 Payee name MAGNOLIA COWBOY CHURCH			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
500.00	23245 GLENMONT ESTATES BLVD	, MAGNOLIA,	TX 77355	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	ANNUAL ROI	DEO DONATI	ON
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
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Date	Payee name			
09/27/2024	MAGNOLIA COWBOY CHURCH			
Amount (\$)	Payee address;	City;	State;	Zip Code
500.00	23245 GLENMONT ESTATES BLVD	, MAGNOLIA,	TX 77355	
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Date	Payee name			
10/01/2024	VISTA PRINT			
Amount (\$)	Payee address;	City;	State;	Zlp Code
130.83	275 WYMAN ST, WALTHAM, MA 024	40T		
	Category (See Categories listed at the top of this schedule)	Description		
	DONATION MADE BY OH	BINGO TICKE	TS	
PURPOSE OF EXPENDITURE				
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	The Instruction Guide explains how to d	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date 10/02/2024	5 Payee name MAGNOLIAS BEST STORAGE			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
224.00	37805 FM 1774, MAGNOLIA, TX 773	355		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	RENTAL EXPENSE	STORAGE FO	OR CAMPAIG	N MATERIALS
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
10/02/2024	MWHS SKILLS USA			
Amount (\$)	Payee address;	City;	State;	Zip Code
500.00	42202 FM 1774, MAGNOLIA, TX 773	354		
	Category (See Categories listed at the top of this schedule)	Description		
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OF EXPENDITURE				
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10/04/2024	соѕтсо			
Amount (\$)	Payee address;	City;	State;	Zlp Code
187.94	27000 TOMBALL PKWY, TOMBALL,	TX 773/5		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	EVENT EXPENSE	SUPPLIES FO	R COOK TRA	AILER
EXPENDITURE				
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date 10/04/2024	5 Payee name HEB			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
58.96	28520 TOMBALL PKWY, TOMBALL,	, TX 77375		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	EVENT EXPENSE	SUPPLIES FO	OR COOK TR	AILER
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
10/05/2024	RICKY GRATE			
Amount (\$)	Payee address;	City;	State;	Zip Code
393.00	32590 REIDS PRAIRIE RD, WALLEI	R, TX 77484		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	DONATION TO C FUNDRAISER	COUNTY EMPL	OYEE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/06/2024	CLEARWATER EXPRESS			
Amount (\$)	Payee address;	City;	State;	Zlp Code
44.97	14206 FM 1488, MAGNOLIA, TX 773 	354		
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

·	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: นั้น	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethlos	Commission Filers)
4 Date 10/11/2024	5 Payee name EFS			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,290.00	6333 DIXIE DR, HOUSTON, TX 770	87		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	FEES	NEW LIGHTIN VEHICLE	NG FOR CAM	PAIGN
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder fiving expense		
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	·		-
10/15/2024	J R I FOUNDATION			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,036.27	24614 NOTTINGHAM CIRCLE, HOC	CKLEY, TX 7744	17	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	ANNUAL GAL	A DOITANOD A.	N
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name ।	Office sought		Office held
Date	Payee name			
10/15/2024	NAPA			
Amount (\$)	Payee address;	City;	State;	Zip Code
315.60	18260 FM 1488, MAGNOLIA, TX 773	354		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	PARTS FOR D	ONATION VI	EHICLE
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	ехрепsе
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	the instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethlo	s Commission Filers)
4 Date 10/15/2024	5 Payee name RANCHO GRANDE			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
167.98	18914 FM 1488 RD, MAGNOLIA, TX	(77355		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	FOOD EXPENSE	DINNER WITH	H CONSTITU	ENTS
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/O.	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
10/15/2024	RANCHO GRANDE			
Amount (\$)	Payee address;	City;	State;	Zip Code
240.29	18914 FM 1488 RD, MAGNOLIA, TX	(77355		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	FOOD EXPENSE	COMMAND S	TAFF DINNE	R
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/16/2024	AMAZON			
Amount (\$)	Payee address;	City;	State;	Zlp Code
69.87	440 TERRY AVE, SEATTLE, WA 981	109		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	EVENT EXPENSE	SUPPLIES FO	REVENT	
	Check if travel outside of Texas. Complete Schedule T.	Check If Austli	n, TX, officeholder living	ı expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	1			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The instruction Guide explains how to complete this form.

	The instruction duide explains now to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date 10/16/2024	5 Payee name CLEARWATER EXPRESS			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
10.15	14206 FM 1488 RD, MAGNOLIA, TX	77354		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	FEES	VEHICLE WA	SH	
OF EXPENDITURE				
	(C) Check if travel outside of Texas, Comptete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name		· · ·	
10/17/2024	AMAZON			
Amount (\$)	Payee address;	City;	State;	Zip Code
123.25	440 TERRY AVE N, SEATTLE, WAS	98109		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	EVENT EXPENSE	BRETT LIGO	N FUNDRAIS	ER
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/20/2024	AMAZON			
Amount (\$)	Payee address;	City;	State;	Zip Code
75.06	440 TERRY AVE N, SEATTLE, WA 9	98109		
	Category (See Categories listed at the top of this schedule)	Description	-	
PURPOSE OF EXPENDITURE	EVENT EXPENSE	BRETT LIGON	I FUNDRAISI	ER
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

•	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)	
4 Date 10/23/2024	5 Payee name AMAZON				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
21.44	440 TERRY AVE N, SEATTLE, WAS	98109			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	EVENT EXPENSE	BRETT LIGON	N FUNDRAIS	NDRAISER	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
10/23/2024	AMAZON				
Amount (\$)	Payee address;	City;	State;	Zip Code	
26.80	440 TERRY AVE N, SEATTLE, WAS	98109			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	EVENT EXPENSE	BRETT LIGON	N FUNDRAIS	ER	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austli	n, ⊺X, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
10/25/2024	AMAZON				
Amount (\$)	Payee address;	City;	State;	Zìp Code	
28.95	440 TERRY AVE N, SEATTLE, WA 9	18109			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	EVENT EXPENSE	BRETT LIGON	FUNDRAISE	ER	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District

Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CONSTABLE CHRIS JONES 4 Date 5 Payee name 10/25/2024 SOCIETY OF SAMARITANS 6 Amount (\$) City; Zip Code 7 Payee address; State: 31355 FRIENDSHIP DR, MAGNOLIA, TX 77355 40.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURSE BINGO FUNDRAISER DONATION MADE BY OH PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date SOCIETY OF SAMARITANS 10/25/2024 Zip Code Amount (\$) City; State; Pavee address: 31355 FRIENDSHIP DR, MAGNOLIA, TX 77355 40.00 Category (See Categories listed at the top of this schedule) Description DONATION MADE BY OH PURSE BINGO FUNDRAISER **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/30/2024 **CHAD JORDAN** Amount (\$) Pavee address: State: Zip Code 24614 NOTTINGHAM CIRCLE, HOCKLEY, TX 77447 574.80 Description Category (See Categories listed at the top of this schedule) DONATION MADE BY OH PURPOSE BASEBALL TEAM DONATION OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

STOCK COLOT GYTTON	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date 10/31/2024	5 Payee name NAPA			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
16.23	18260 FM 1488 RD, MAGNOLIA, TX	77354		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	PARTS FOR I	DONATED VE	HICLE
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/01/2024	AMAZON			
Amount (\$)	Payee address;	City;	State;	Zip Code
21.44	440 TERRY AVE N, SEATTLE, WA 9	98109		
	Category (See Categories listed at the top of this schedule)	Description	1.1.	
PURPOSE OF	EVENT EXPENSE	SUPPLIES FOR	BREAKFAST W	ITH SANTA
EXPENDITURE	Charliffered with a firm Consider the first transfer of transfer of the first transfer of the first transfer of the first transfer o	Charle 15 to an		
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought		Office held
Date	Payee name			
11/01/2024	AMAZON			
Amount (\$)	Payee address;	City;	State;	Zip Code
96.51	440 TERRY AVE N, SEATTLE, WA 9	98109		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	EVENT EXPENSE	SUPPLIES FO SANTA	R BREAKFAS	ST WITH
	Check if travel outside of Texas. Complete Schedule T.	Check if Austla	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
11/03/2024	MAGNOLIA'S BEST STORAGE			7.0.1
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
224.00	37805 FM 1774, MAGNOLIA, TX 773	355		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	RENTAL EXPENSE	STORAGE FO	R CAMPAIG	N MATERIALS
	(c) Check if travel outside of Texas, Complete Schedule T,	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name		,	
11/06/2024	CHURROLOGY			
Amount (\$)	Payee address;	City;	State;	Zip Code
868.53	200 FOUNTAIN LN # 7108, CONRO	E, TX 77304		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	EVENT EXPENSE	DESSERT FOR S	STAFF CHRIST	MAS PARTY
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Or	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/06/2024	CLEARWATER EXPRESS			
Amount (\$)	Payee address;	City;	State;	Zlp Code
59.96	14206 FM 1488 RD, MAGNOLIA, TX	77354		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	FEES	VEHICLE WAS	H	
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	
				

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Gredit Gard Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
11/07/2024	MAGNOLIA SUPPORT GROUP	·································	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
500.00	PO BOX 1578, MAGNOLIA, TX 7735	53	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	DONATION TO	O KOLE CURRY R
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
11/07/2024	PORTER'S DINING		
Amount (\$)	Payee address;	City;	State; Zip Code
809.96	180 CENTURY SQUARE DR STE 12	20, COLLEGE S	STATION, TX 77840
	Category (See Calegories listed at the top of this schedule)	Description	
PURPOSE	FOOD EXPENSE	DINNER WITH	-I CONSTITUENTS
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austl	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/08/2024	TICKETMASTER		
Amount (\$)	Payee address;	City;	State; Zip Code
313.05	9348 CIVIC CENTER DR, BEVERLY	HILLS, CA 902	110
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	DONATED TIC	CKETS FOR FUNDRAISER
	Chock if travel cutside of Texas. Complete Schedule T.	Check if Austh	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

,	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	s Commission Filers)
4 Date 11/08/2024	5 Payee name VISTA PRINT			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
108.93	275 WYMAN ST, WALTHAM, MA 02	451		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	BINGO TICKE	:TS 	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living	ı expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/09/2024	CAVENDERS			
Amount (\$)	Payee address;	City;	State;	Zip Code
331.25	6760 GRAND PKWY, SPRING, TX 7	7389		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	EVENT EXPENSE	SUPPLIES FOR FUNDRAISER	A SHELTERED	LIFE
EAT ENDITORE	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/10/2024	QTEGO FUNDRAISING SERVICE			
Amount (\$)	Payee address;	City;	State;	Zip Code
618.00	18806 ROBERTS RD, HOCKLEY, TX	(7/44/		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	A SHELTERED) LIFE FUND	RAISER
	Check if travel outside of Toxas. Complete Schedule T.	Check If Austir	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1 リル	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date 11/12/2024	5 Payee name STARK LIVERY			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
988.38	3811 ADE ST, HOUSTON, TX 77063	3		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	GIFT/AWARD EXPENSE	CONSTITUEN	NT OUTING D	ONATION
	(c) Check if travel outside of Texas, Complete Schedule T,	Check if Aust	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought		Office held
Date	Payee name	42		
11/13/2024	JOSH HAYDEN			
Amount (\$)	Payee address;	City;	State;	Zip Code
250.00	25980 PECAN GROVE, CLEVELAN	D, TX 77328		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	GIFT EXPENSE	WEDDING GIFT EMPLOYEE	FOR COMMAN	D STAFF
: 	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
11/15/2024	JASON LEGNON			
Amount (\$) 248.00	Payee address; 23534 CANNONDALE LOOP, MONT	GOMERY, TX	State; 77316	Zip Code
	Category (See Categories listed at the top of this schedule)	Description	=1	
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	BASEBALL TE	EAM DONATION	NC
	Check if travel outside of Texas. Complete Schedule T.	Check If Austi	in, TX, officeholder living	ехрепѕе
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	·	
1 Total pages Schedule F1	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics C	ommission Fifers)
4 Date 11/16/2024	5 Payee name MAGNOLIA EDUCATION FOUNDAT	ΓΙΟΝ		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
93.00	PO BOX 55, MAGNOLIA, TX 77353			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	ROOTS CON	CERT DONATI	ON
	(c) Check if travel cutside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Of	fice held
Date	Рауее пате			
11/21/2024	STARK LIVERY			
Amount (\$)	Payee address;	City;	State;	Zip Code
7.96	3811 ADE ST, HOUSTON, TX 77063	3		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	GIFT EXPENSE	PENSE CONSTITUENT OUTING		
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Of	fice held
Date	Payee name			
11/25/2024	TOTAL WINE			
Amount (\$) 1,073.19	Payee address; 7640 CYPRESS CREEK PKWY, HO	City; USTON, TX 770	State;)70	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	BEVERAGE EXPENSE	SUPPLIES FO PARTY	R STAFF CHR	ISTMAS
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	O	ffice held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
Total pages Schedule	F1: 2 FILER NAME CONSTABLE CHRIS JONES	,	3 Filer ID (Ethics C	ommission Filers)
1 _{Date} 11/26/2024	5 Payee name COSTCO			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
141.42	12405 N GESSNER RD, HOUSTON	I, TX 77064		
, }	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	EVENT EXPENSE	SUPPLIES FO PARTY	OR STAFF CHF	RISTMAS
	(c) Check if (rave) outside of Texas, Complete Scheduje T.	Check if Aus	etin, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought	O ¹	fice held
Date	Payee name		- 1, 1, 1, 1, 1, 1	
11/28/2024	AMAZON			
Amount (\$)	Payee address;	City;	State;	Zip Code
81.88	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	R STAFF CHRISTM	AS PARTY
	Check if travel outside of Texas, Complete Schedule T.	Check If Aus	stin, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit Ca	Candidate / Officeholder name /OH	Office sought	Of	fice held
Date	Payee name			
1/30/2024	RANCHO GRANDE			
Amount (\$) 195.68	Payee address; 18914 FM 1488 RD, MAGNOLIA, TX	City; 3.77355	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	FOOD EXPENSE	COMMAND S	TAFF LUNCH	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/		Office sought	C	ffice held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	
				D - 1 - 1 4 (4 (20)

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CONSTABLE CHRIS JONES 4 Date 5 Payee name MAGNOLIA'S BEST STORAGE 12/02/2024 City; 6 Amount (\$) Zip Code 7 Payee address; State: 37805 FM 1774, MAGNOLIA, TX 77355 224.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 STORAGE FOR CAMPAIGN MATERIALS RENTAL EXPENSE PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Date LUPE TORTILLA 12/04/2024 Amount (\$) City; State; Zip Code Pavee address: 22465 TOMBALL PKWY, HOUSTON, TX 77070 1,119.02 Category (See Categories listed at the top of this schedule) Description DINNER FOR STAFF CHRISTMAS PARTY EVENT EXPENSE **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 12/05/2024 **AMAZON** Amount (\$) Pavee address: City: State; Zip Code 440 TERRY AVE N, SEATTLE, WA 98109 25.72 Description Category (See Categories listed at the top of this schedule) SUPPLIES FOR STAFF CHRISTMAS **EVENT EXPENSE PURPOSE** OF PARTY EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

·	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethlo	s Commission Filers)
4 Date 12/05/2024	5 Payee name HEB		,	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
538.60	7988 FM 1488, MAGNOLIA, TX 773	54		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	EVENT EXPENSE	SUPPLIES FO PARTY	OR STAFF C	HRISTMAS
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name		,	
12/06/2024	CLEARWATER EXPRESS			
Amount (\$)	Payee address;	City;	State;	Zip Code
59.96	14206 FM 1488 RD, MAGNOLIA, TX	(77354		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	FEES	VEHICLE WA	SH	
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
12/08/2024	CHICK FIL A			
Amount (\$) 286.86	Payee address; 6543 FM 1488, MAGNOLIA, TX 7735	City; 5 4	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	EVENT EXPENSE	FOOD FOR ST	TAFF CHRIS	TMAS PARTY
	Check if travel outside of Texas. Complete Schedule T.	Check If Austl	n, TX, officeholder living	expense
Complete ONLY If direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) いし CONSTABLE CHRIS JONES 4 Date 5 Payee name 12/10/2024 J R I FOUNDATION 6 Amount (\$) Zip Code 7 Payee address; City; State; 24614 NOTTINGHAM CIRCLE, HOCKLEY, TX 77447 4,800.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 DONATION MADE BY OH ANNUAL GALA DONATION PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Pavee name MAGNOLIA REPUBLICAN GROUP 12/11/2024 Amount (\$) State; Zip Code Pavee address: City; 30310 CHARLIE LN, MAGNOLIA, TX 77355 500.00 Category (See Categories listed at the top of this schedule) Description DONATION MADE BY OH DONATION TO REPUBLICAN CLUB **PURPOSE** CHRISTMAS PARTY OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Pavee name 12/11/2024 THE BEES KNEES Amount (\$) Pavee address: City: State: Zip Code 30310 CHARLIE LN, MAGNOLIA, TX 77355 1,313.83 Category (See Categories listed at the top of this schedule) Description EVENT EXPENSE VENUE RENTAL FOR STAFF **PURPOSE** OF CHRISTMAS PARTY **EXPENDITURE** Check If travel outside of Texas, Complete Schodule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CONSTABLE CHRIS JONES ЦЦ 4 Date 5 Payee name **HOUSTON TEXANS** 12/17/2024 6 Amount (\$) Zip Code 7 Payee address; City; State: 2 NRG PARK, HOUSTON, TX 77054 335.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 TICKETS FOR DONATIONS GIFT/AWARD EXPENSE PHRPOSE OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Pavee name VISTA PRINT 12/18/2024 City; State; Zip Code Amount (\$) Pavee address: 275 WYMAN ST, WALTHAM, MA 02451 139.40 Category (See Categories listed at the top of this schedulo) Description DONATION MADE BY OH **BINGO TICKETS PURPOSE** OF **EXPENDITURE** Check If Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

Date	Payee name			
12/20/2024	CHICK FIL A			
Amount (\$)	Payee address;	City;	State;	Zlp Code
303.10	6543 FM 1488, MAGNOLIA, TX 77354			

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

DONATION MADE BY OH

Check if travel outside of Texas. Complete Schedule T.

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Candidate / Officeholder name

Description

BREAKFAST FOR SENIOR DAY CHRISTMAS CELEBRATION

Check if Austin, TX, officeholder living expense

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

-	The Instruction Guide explains how to d	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethica	s Commission Filers)
4 Date 12/20/2024	5 Payee name PATRIOTS OF TEXAS			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
907.00	PO BOX 171, ANDERSON, TX 7738	0		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	DONATION T	O ADOPT A	FAMILY
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aust	ln, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/23/2024	SPIRIT OUTLET			
Amount (\$)	Payee address;	City;	State;	Zip Code
349.61	37129 FM 1774, MAGNOLIA, TX 773	355		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	GIFT EXPENSE	CONTITUENT	r GIFTS	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austl	In, ⊤X, officeholder living	j expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/24/2024	MAGNOLIA FLOWER PATCH			
Amount (\$)	Payee address;	City;	State;	Zip Code
140.13	19010 FM 1488 RD, MAGNOLIA, TX	77355		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	GIFT EXPENSE	FLOWERS FO FUNERAL SEI		JENT
	Check if travel outside of Texas. Complete Schedula T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CONSTABLE CHRIS JONES 4 Date 5 Payee name 12/24/2024 WALGREENS 6 Amount (\$) City; Zip Code 7 Payee address; State: 18850 FM 1488 RD, MAGNOLIA, TX 77355 300.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 GIFT CARDS FOR OFFICE ASSISTANTS GIFT EXPENSE PURPOSE OF **EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date ZIPPS LIQUOR 12/31/2024 Amount (\$) City; State; Zip Code Payee address; 10940 FM 1488 RD, MAGNOLIA, TX 77354 324.74 Category (See Categories listed at the top of this schedule) Description GIFT EXPENSE COMMAND STAFF GIFTS PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 07/21/2024 GO FUND ME Amount (\$) Pavee address: City: State; Zip Code 2211 N 1ST ST, SAN JOSE, CA 95131 585.00 Description Category (See Categories listed at the top of this schedule) DONATION MADE BY OH **PURPOSE** DONATION TO CONSTITUENT OF EXPENDITURE Check if travel outside of Texas. Complete Schedule Tax Check if Austin, TX, officeholder living expense

Office held

Complete ONLY if direct expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule	F1: 2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics Commission Filers)
4 Date 08/08/2024	5 Payee name ELIZABETH MINTER		
3 Amount (\$)	7 Payee address;	City;	State; Zip Code
200.00	11625 PRINCE ANDREW, MONTGO	OMERY, TX 77	316
i	(a) Category (See Categories listed at the top of this schedule)	(b) Description	, , , , , , , , , , , , , , , , , , ,
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	-	O JWS MEMORIAL IIP FOUNDATION
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
Complete <u>ONLY</u> If direct expenditure to benefit C		Office sought	Office held
Date	Payee name		
10/04/2024	GIVE BUTTER		
Amount (\$)	Payee address;	City;	State; Zip Code
257.78	2810 NORTH CHURCH ST STE 537	'48, WILMINGT	ON, DE 19802
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	DONATION T	O COSTITUENT
	Check if travel outside of Texas. Complete Schedule T.	Check If Aus	tln, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit Co		Office sought	Office held
Date	Payee name		
10/22/2024	BRETT LIGON		
Amount (\$)	Payee address;	Clty;	State; Zip Code
500.00	PO BOX 805, MONTGOMERY, TX 7	7356	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	ANNUAL FUN	IDRAISER
	Check if travel outside of Texas. Complete Schedule T.	Check If Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDUI FAS NE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethics	Commission Filers)
4 Date 10/30/2024	5 Payee name BRETT LIGON			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
2,250.00	PO BOX 805, MONTGOMERY, TX 7	77356		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	DONATION MADE BY OH	ANNUAL FUN	IDRAISER	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
11/11/2024	MARILYN GRIMM			
Amount (\$)	Payee address;	City;	State;	Zip Code
500.00	31833 WALNUT CREEK RD, MAGN	IOLIA, TX 7735	5	
	Category (See Categories listed at the top of this schedule)	Description	1. 100	
PURPOSE	EVENT EXPENSE	FOOD DONATIO	ON FOR CONST	TITUENT PARTY
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check If Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
12/06/2024	MARILYN GRIMM			
Amount (\$)	Payee address;	City;	State;	Zlp Code
600.00	31833 WALNUT CREEK RD, MAGN	OLIA, TX 77355	5	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	EVENT EXPENSE	FOOD DONAT PARTY	TON FOR CO	DNSTITUENT
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	л, ТХ, officeholder living	ехрапѕе
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

arout ayrione	The Instruction Guide explains how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME CONSTABLE CHRIS JONES		3 Filer ID (Ethica	s Commission Filers)	
4 Date 09/18/2024	5 Payee name STARK LIVERY				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
336.60	3811 ADE ST, HOUSTON, TX 77063	}			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	GIFT EXPENSE	TRAVEL BUS	FOR CONST	TITUENT TRI	Р
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check If Austi	in, ⊤X, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zlp Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expansa	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		-

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 Guid	de explains how to complete this form.	1 Total pages Schedule T:			
2 FILER NAME CONSTABLE CHRIS JONES 3 Filer ID (Ethics Commission Filers)					
4 Name of Contributor / Corporatio UNITED AIRLINES	n or Labor Organization / Pledgor / Payee				
5 Contribution / Expenditure report	ed on:				
Schedule A2 Sc	hedule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F2 Sc	hedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
MELISS	7 Name of person(s) traveling MELISSA JONES, CHRIS JONES, CHAD WALLING, SHERILYN WALLING				
9/15/24 - 8 Depart 9/20/24 HOUS	ture city or name of departure location				
	ation city or name of destination location NBURG, TN				
10 Means of transportation AIR	11 Purpose of travel (including name of conference, so NATIONAL CONSTABLES AND MARSHALS				
Name of Contributor / Corporatio	n or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reports	ed on:				
Schedule A2 Sc	hedule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F2 Sc	hedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel Name	Dates of travel Name of person(s) traveling				
Depari	ure city or name of departure location				
Destin	ation city or name of destination location				
Means of transportation	Purpose of travel (including name of conference, se	eminar, or other event)			
Name of Contributor / Corporation	n or Labor Organization / Pledgor / Payee				
Name of contributor / corporatio	To Labor Organization / Trouger / Flagor				
Contribution / Expenditure reporte	ed on:				
Schedule A2 Sched	dule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F2 Sched	dule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel Name	of person(s) traveling				
Depart	ure city or name of departure location				
Destina	ation city or name of destination location				
Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS NEEDED			