CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer I	D (Ethics Co	mmission Filers)	2 Total pa	iges filed	l: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr	FIRST James			David	The state of the s	FOR	RECORD
TOTAL	NICKNAME	LAST Jones			SUFFIX	Atjo	0'0	Clock PM
4 CANDIDATE / OFFICEHOLDER MAJLING ADDRESS Change of Address	ADDRESS / PO BOX;		city:	STATE;	ZIP CODE 76844	mya	Z	District Cleri
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER		EXTENSIO	N			Date Postmarked
6 CAMPAIGN TREASURER	Mr.	FIRST Marion		Ma	atthew	Date Process	ed	MIRER 3
NAME	NICKNAME	LAST Jones			SUFFIX	Date Imageo		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE #;	Goldthy	v aite		ate; Tx	ZIP CODE 76844
(Residence or Business) 8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSIO	N			
9 REPORT TYPE	January 15	30th day before		3 8	off eded Modified ring Limit	trea (Off	surer app icehoider	
10 PERIOD COVERED	Month 01	Day Year / 01 / 2024	THRO	DUGH	Month 02,	Day /	Year 2024	
11 ELECTION	Month Day 03 / 05	Year Year General		moff (Other Description			
12 OFFICE	OFFICE HELD (# any)	ž – –	13	Sherif	OUGHT (if know	n)		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF PULLTICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICE/FOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATES OR OFFICE/FOLDER'S FORWILLIES OR CONSENT. CANDIDATES AND OFFICE/FOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.							
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME						
Additional Pages	GENERAL COMMITTEE ADDRESS							
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NA	ME				
		COMMITTEE CAMPAIGN TI	REASURER A	DDRESS				
		GO TO	PAGE	2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

OF-4888 1-48-C38						
15 C/OH NAME James David	1	6 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 2250.00				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2700.00				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 3334.85				
	4. TOTAL POLITICAL EXPENDITURES	\$ 3334.85				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 634.85				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$				
	nivear, or aftirm, under penalty of penjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information				
	Signature of Cana	didate or Officeholder				
	Please complete either option below:					
(1) Affidavit						
NOTARY STAMP/SEA	L					
Sworn to and subscribed before me by,						
20, to certify which, witness my hand and seal of office.						
Signature of officer administr	ering ceth Printed name of difficer edininistering ceth	Title of officer administering oath				
	OR					
(2) Unsworn Declarati	on					
My name is JQ m	es D. Tones and my date of birth is	02-11-63				
My address is		in 16844, Mills				
Executed in Malles		ate) (zip code) (country)				
	Signature of Candida	-0~00 aterOfficeholder (Declarant)				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Com						
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s					
4.	SCHEDULE E: LOANS	\$					
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2700.00					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$					
9.	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 634.85					
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

in the requested innermation to the applicable, De tre i more to the page in the report.							
The	Instruction Guide explains how	1 Total pages Schedule A1:					
2 FILER NAME	ames David Jones				3 Files ID (Ethics Commission Filers)		
4 Date 01/03/2024	Gary Farley				7 Amount of contribution (5)		
		City , Goldthwaite	State; Tx	Zip Code 76844	500.00		
8 Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	tions)		
Date	Date Full name of contributor out-of-state PAC (ID#:		C (ID#:		Amount of contribution (\$)		
01/13/2024	Contributor address;	City; Goldthwaite	Stante; Tx	Zip Code 76844	500.00		
Principal occup	ation / Job title (See Instructions)		Emple	oyer (See Instruc	tions)		
Date Full name of contributor [Out-of-state PAC (IDE:)		28	Amount of contribution (\$)		
01/16/2024		City; Forney	State; Tx	Zip Code 75126	500.00		
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)		
Date	Full name of contributor cet-of-state PA Mike Mitchell		C (100#	3	Amount of contribution (S)		
01/17/20024		City; Goldthwaite	State;	Zip Code 76844	500.00		
Principal econ	ation / Job title (See Instructions)		Empi	oyer (See Instruc	l zients)		
		w 80 H					
	ATTACHADDII						

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2024

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	James David Jones			3 Filer (D (Ednics Commission Filers)
4 Date 01/18/2024	5 Full name of contributor Scott Hewitt 6 Contributor address;	out-of-state PA	State: To Code	7 Amount of contribution (\$)
	o Commonion address,	Bastrop	State; Zip Code Tx 78602	
Principal coor	pation / Job title (See Instructions)		9 Employer (See Ins	tructions)
Date Full name of contributor		out-of-state PA	C (ID#:	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Ins	structions)
Date	ate Full name of contributor		C (直蒙	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occur	pation / Job title (See Instructions)		Employer (See In:	structions)
Date Full name of contributor		owi-o%-state FA	C (10%	
	Contributor address;	City;	State; Zip Code	
Principal occur	pation / Job title (See Instructions)		Employer (See In	structions)
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accoming Banking

Event Expense Fees

Loan Repayment Reinbursement Office Overtwal Refail Expense

Saladam/Fordraiding Experse
Transportation Equipment & Related Experse

Commission Expense		Food/Beverage Exposes	Poling Ex		Travel in Cistrica			
			Pristag Ex Solomina Mil	peraz kapes/Contract Labor	Travel Out Of Dictric! Other (enter a category not listed above)			
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6 Amount (\$)	7 Рауее а	ddress;		City;	State;	Zip Code		
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		COLOR CONTRACTOR PROGRAMME						
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Adversing Experse Event Equation Lasa Repayment Reimbursement Solicitation/Fundraising Expense Accounting Basis ந Office Overhead Rental Expense Transportation Equipment & Robitat Express Food/Severage Expense Consulting Expense Polima Expense Travel In District Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee 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 G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) James David Jones 1 4 Date 5 Payee name 01/24/2024 2B Signs & More 6 Amount (\$) 7 Payee address; City. State; Zip Code 634.85 Reinbussensetiron Τx 76550 Lampasas political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Printing signs Printing Expense OF EXPENDITURE (c) Check it 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 Date Pavee name Amount (\$) Payee address; City: State; Zip Code Residence priikai വാർമ്മയാട i termied Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Cleak I terral custified Texas Complete School de T. Check if Austin, TX, official other living expense Office held Candidate / Officeholder name Office spugnt Complete Old Y if direct expenditure to benefit C/OH Date Payee name Amount (S) Payee address; City. State; Zip Code Reimbursement from political contributions Category (See Categories listed at the log of this schedule) **Description** 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED