CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 9 MS/MRS/MR 3 CANDIDATE / OFFICE USE ONLY OFFICEHOLDER **David James** Mr NAME FILED FOR RECORD NICKAME LAST SUFFIX Jones At 11 10 O'Clock H M 4 CANDIDATE/ ADDRESS / PO BOX; APT / SUITE #; CITY: STATE; ZIP CODE **OFFICEHOLDER** FFR 2 6 2024 Goldthwaite 76844 Tx MAILING **ADDRESS** SONYA SCOTT County & District, Clerk Change of Address Mills County Texas Deputy AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ **OFFICEHOLDER** PHONE Receipt # Annual S MS/MRS/MR FIRST nes 6 CAMPAIGN Matthew Marion **TREASURER** Date Processed NAME NICKNAME LAST SUFFIX Date Imaged **Jones** STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; STATE: 7P CODE 7 CAMPAIGN CHIV **TREASURER** Tx 76844 **Goldthwaite ADDRESS** (Residence or Business) AREA CODE EXTENSION 8 CAMPAIGN PHONE NUMBER TREASURER PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) July 15 X 8th day before election Exceeded Modified Final Report (Atlant) C/OH - FR) Reporting Limit 10 PERIOD Day Month Year Year COVERED 01/19/2024 /2024 THROUGH 02 24 FLECTION TYPE ELECTION DATE 11 ELECTION X Priessary Rumoff 03 / 05 2024 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Sheriff THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES. MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S INIOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)			
James David	Jones				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1150.00			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1150.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 3220.09			
	4. TOTAL POLITICAL EXPENDITURES	\$ 3220.09			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$			
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD 	THE \$			
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true	and crured and includes all information			
	weed, or all the reported by me under Title 15, Election Code.	C SHO CAPICAL SHOP SHOP ENGRINGDON			
	Signature of Ca	ndidate or Officeholder			
		4			
	Diama annulate sithan antion below				
Please complete either option below:					
(1) Affidavit					
NOTARY STAMP/SEAL					
Sworn to and subscribed	before me by this the	day of			
20, to certify which, witness my hand and seal of office.					
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath			
Maria Caracteria	OR				
(2) Unsworn Declarati	nn				
(2) Onoworn Doolaran	-	_			
My name is Tames D Jones and my date of birth is 2-11-63					
My address is 1713 teach St. Goldhunity Ix, 76944 Mix					
(street) (city) (state) (zip code) (country)					
Executed in County, State of Lexas, on the day of Lessan 2007					
	(month) (year)				
Cinath up of Considered We shallow (Paulament)					
Signature of Candidate Office molder (Declarant)					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Com			
James David Jones				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1150.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDULE E: LOANS	\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	1150.00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s		
9.	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	2070.92	
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.

ii the requested information is not applicable, be not instade 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 ID (Ethics Commission Filers)
4 Date	Date 5 Full name of contributor			7 Amount of contribution (\$)	
02/18/2024	6 Contributor address;	City; Lometa	State; Tx	Zīp Code 76853	50.00
8 Principal occu	l pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	ions)
Date	Full name of contributor Linda M Johnson	Out-of-state PAC	C (ID#:		Amount of contribution (\$)
02/18/2024	Contributor address;	City; Goldthwaite	State; Tx	Zīp Code 76844	250.00
Principal occupation / Job title (See Instructions)			r-	oyer (See Instruc	tions)
Date	Full name of contributor John W. Carter	Cut-of-state FAI	(D#		Amount of contribution (\$)
02/18/2024	Contributor address;	City; Goldthwaite	State;	Zīp Code 76844	150.00
Principal occup	pation / Job title (See Instructions)	J.	Empl	oyer (See Instruc	ritions)
Date	Full name of contributor	osi-of-state FAI	C (D#		Amount of contribution (S)
02/18/2024	J & Laura Wilson Contributor address;	City; Goldthwaite	State;	Zip Code 76844	100.00
Principal occupation / Job title (See Instructions)			Enpl	oyer (See Instruc	sions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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.						
2 FILER NAME	James David Jones	3 Filer ID (Ellidos Conumission Filers)				
4 Date 02/18/2024	5 Full name of contributor George Mayben					
02 10.202	6 Contributor address;	City; Lometa	State; Tx	Zip Code 76853	200.00	
8 Principal occu	petion / Job title (See Instructions)		9 Empli	oyer (See Instruc	tions)	
Date 02/18/2024	Full name of contributor William Allensworth	out-of-state PAC	C (ID#:	3	Amount of contribution (\$)	
02/10/2024	Contributor address;	city: Goldthwaite	State; Тх	Zip Code 76844	50.00	
Principal occup	pation / Job title (See Instructions)		Emple	oyer (See Instruc	tions)	
Date	William & Tina Allensworth			Amount of contribution (\$)		
02/18/2024	Contributor address;	Cay; Goldthwaite	State; Tx	Zip Code 76844	50.00	
Principal occup	pation / Job title (See Instructions)	i	Emple	oyer (See Instruc	tions)	
Date 02/18/2024	Full name of contributor Mike Stifflemyer	Coul-of-state PM	(D#:	9	Amount of custribution (S)	
02/10/2024	Contributor address;	City; Goldthwaite	State;	Zip Code 76844	100.00	
Principal occupation / Job title (See Instructions)			Empl	oyer (See Instruc	žon s)	
			,			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	-			I	1 Total pages Schedule A1:
The Instruction Guide explains how to complete this form. 2 FILER NAME James David Jones					3
					3 Files ID (Editics Commission Files)
Date	5 Full name of contributor		7 Amount of contribution (\$)		
02/19/2024	6 Contributor address;	City; Goldthwaite	State; Tx	Zip Code 76844	100.00
Principal occu	pation / Job title (See Instructions	;)	9 Empl	oyer (See Instruct	liors)
Date	Full name of contributor Terry Oliver	out-of-state PAC	C (ID#:		Amount of contribution (\$)
02/19/2024	Contributor address;	City; Goldthwaite	State; Tx	II.	100.00
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAG	C (1995 <u> </u>		Amount of contribution (\$)
	Contributor address;	City;		Zip Code	
Principal occu	pation / Job title (See Instructions)	Empl	oyer (See Instruc	tions)
Date	Full reame of contributor	out-of-state PAI	: (ID#	D STATE OF THE PERSON OF THE P	Amount of contribution (S)
	Contributor address;	City;		Zip Code	
Principal occur	 petion / Job title (See Instructions)	Empl	oyer (See Instruc	tions)
	THE STATE OF THE S			Alaman Ayama	

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
Accounting Banking
Consulting Expense
Contributions:Donations Made By
Conditions:Donations Made By
Conditions:Donations Made By

Event Expense
Fees
Food/Beverage Expense
Colf/Awards/Memorials Expense
Lenal Services

Loan Repayment/Rehabit sement Office Overhead/Rehabit Expense Polling Expense Plating Expense Sciipization/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Constitutions Londons Made B Constitution Office holder Policie Credit Card Payment	,	pense Travel Out Of District fages/Contract Labor Other (enter a category not listed above)
Greun Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME James David Jones	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
02/06/2024	Goldthwaie Eagle	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
1150.00	1002 Fisher	Goldthwaite Tx 76844
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advertising Expense	News paper adds
ACCUPATION OF THE PROPERTY OF	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
	Catagory (See Catagories listed at the top of this schedule)	Description
PURPOSE OF		
EXPENDITURE		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
- Suc		
Amount (S)	Payee address;	City; State; Zip Code
30000000	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		General Control of Con
OF EXPENDITURE		Li Malanaren
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OI		<u> </u>
	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)

Advertising Expense Accounting/Banking

Exent Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Functorising Expense Transportation Equipment & Relat

Consulting Expense Contributions/Donations Made			Travel In District Travel Out Of District		
Candidate/Officeholder/Politic Credit Card Payment	•		Other (enter a category not listed above)		
	The Instruction Guide explains ho	w to complete this form.			
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
1	James David Jones				
4 Date	5 Payee name				
0206/2024	Goldthwaite Eagle				
6 Amount (\$) 1,300.00	7 Payee address;	City;	State;	Zip Code	
Reimbursement from political contributions intended	2001 Fisher	Goldthwaite	Tx	76844	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedu	(b) Description			
OF EXPENDITURE	Advertising Expense	News paper	adds		
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin	, TX, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name			-	
02/21/2024	Schwartz Foods				
Amount (\$)	Payee address;	Cīty;	State;	Zip Code	
1,700.00	THE SECOND SECON				
Reimbursement from political contributions intended	1500 Fisher	Goldthwaite	Тх	76844	
PURPOSE	Category (See Categories listed at the top of this schedu	le) Description			
OF EXPENDITURE	Fundraising Expense	Catering BB	Q		
	Check if travel outside of Texas. Complete Schedule	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought		Office held	
Date 02/08/2024	Payee name University Copy and Print				
Amount (\$)	Payee address;	Cñy,	State;	Zsp Code	
60.08 Reimbursement from political contributions intended	3003 Hwy 377 S	Brownwood	Tx	76801	
nmoe-	Category (See Categories listed at the top of this schedu	le) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Sign Label	ls		
	Check if travel outside of Texas. Complete Schedule	T. Check if Austir	n, TX, officeholder living e	xpense	
Complete QNLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM **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)

Advertising Expense Accounting/Banking

Everá Expense

Loan Repayment Reinbursement
Office Overhead Rental Expense
Poling Expense

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

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	By Gift/Awards/Memorials Expense Prin	ing expense iting Expense aries/Wages/Contract Labor in to complete this form.	Travel out of District Cither (enter a category not listed above)		
1 Total pages Schedule G:			3 Filer ID (Ethics Commission Filers)		
1	James David Jones				
4 Date	5 Payee name				
02/12/2024	University Copy and Print				
6 Amount (\$) 160.84	7 Payee address:	City;	State; Zip Code		
Reimbursement from political contributions intended	3003 Hwy 377 S	Brownwood	Tx 76801		
8	(a) Category (See Categories listed at the top of this schedule	e) (b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Signs			
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense		
9 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; Zip Code		
Reinbusementhom political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	e) Description			
	Check if travel outside of Texas, Complete Schedule	T. Check if Austi	a, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name				
Amount (S)	Payee address;	City:	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF	Category (See Categories listed at the top of this schedul	e) Description			
EXPENDITURE	Check if travel outside of Texas. Complete Schedule	T Chack if Auest	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 NEEDED					