

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00081422	2 Total pages filed: 20				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Jacey R.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/17/2023			
	NICKNAME	LAST Jetton	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1723 Hearthside Ct. Richmond, TX 77406		ZIP CODE	Date Hand-delivered or Date Postmarked			
			Receipt #	Amount			
			Date Processed				
			Date Imaged				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Fanny	MI				
	NICKNAME	LAST Jetton	SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1723 Hearthside Court Richmond, TX 77406		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
10 ELECTION	ELECTION DATE Month Day Year			ELECTION TYPE			
				<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
			<input type="checkbox"/> General	<input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) State Representative District 26 Fort Bend			12 OFFICE SOUGHT (if known)			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Jetton, Jacey R. (The Honorable)	14 Filer ID (Ethics Commission Filers) 00081422
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	46,545.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	7,148.15
	4. TOTAL POLITICAL EXPENDITURES	\$	32,605.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	118,524.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	7,500.00

17 AFFIDAVIT

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

 The Honorable Jacey R. Jetton
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Jetton, Jacey R. (The Honorable)		19 Filer ID (Ethics Commission Filers) 00081422
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 46,250.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 295.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 32,605.23
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/20
2 FILER NAME Jetton, Jacey R. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081422
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baca, Brandon <hr/> 6 Contributor address; City; State; Zip Code Richmond, TX 77407	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Attack Poverty
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benoit, Dana <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley Public Affairs <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bionat, Christian <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Senior Director		Greater Houston Partnership
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butterworth, Sharon <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Retired		Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/20
2 FILER NAME Jetton, Jacey R. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081422
4 Date 06/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butterworth, Sharon <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79912	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Congress Avenue Partners, LLC <hr/> Contributor address; City; State; Zip Code Autin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Matthew <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Managing Director		Employer (See Instructions) Arete Public Affairs
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eichler, Shera <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Second Floor Strategies
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Family Empowerment Coalition PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/20
2 FILER NAME Jetton, Jacey R. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081422
4 Date 06/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harsch, Rick <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Real Estate/Finance		9 Employer (See Instructions) Cost Segregation Services Inc
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hassenflu, K Alan <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions) General Partner		Employer (See Instructions) Fidelis Realty Partners
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, John <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Rural Health		Employer (See Instructions) TORCH
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, Nelda <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) HillCo Partners
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PharmPac <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/20
2 FILER NAME Jetton, Jacey R. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081422
4 Date 06/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rove, Karen <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Infrastructure Solutions, Inc
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparks, Andrea <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Buckner Internation
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Optometric PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78705	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner Jr., Frederic <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Health Care		Employer (See Instructions) Memorial Hermann Health System
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willman, Jonathan <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/20
2 FILER NAME Jetton, Jacey R. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081422
4 Date 06/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Stacy <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 9/20	
2 FILER NAME Jetton, Jacey R. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081422	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 06/20/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillco PAC	8 Amount of contribution (\$) \$295.00	9 In-kind contribution description food and beverage expense for fundraising expense
	7 Contributor address; City; State; Zip Code Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/11 Rpt: 10/20	2 FILER NAME Jetton, Jacey R. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081422
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4 Date 04/27/2023	5 Payee name Asian Pacific American Heritage Association
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6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code PO Box 19333 Sugar Land, TX 77496
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event sponsorship for annual gala
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/20/2023	Payee name Clayton Spangler Photographic Design
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Amount (\$) \$399.00	Payee address; City; State; Zip Code 235 Point Lick Dr Charleston, WV 25306
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense photography expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/05/2023	Payee name Custom Ink, LLC
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Amount (\$) \$351.22	Payee address; City; State; Zip Code 2910 District Ave Fairfax, VA 22031
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense shirts for Capitol and District staff
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 2/11 Rpt: 11/20	2	FILER NAME Jetton, Jacey R. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00081422
4	Date 05/03/2023	5	Payee name Fort Bend Seniors		
6	Amount (\$) \$300.00	7	Payee address; City; State; Zip Code 1330 Band Rd Rosenberg, TX 77471		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sponsorship for annual cinco de mayo event		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 01/31/2023		Payee name HEB		
	Amount (\$) \$196.59		Payee address; City; State; Zip Code 6900 Brodie Ln Austin, TX 78745		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food and beverages for Capitol Office staff meetings		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 02/14/2023		Payee name HEB		
	Amount (\$) \$193.03		Payee address; City; State; Zip Code 6900 Brodie Ln Austin, TX 78745		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food and beverage expense for Capitol office staff meetings		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 3/11 Rpt: 12/20	2	FILER NAME Jetton, Jacey R. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00081422
4	Date 02/28/2023	5	Payee name HEB		
6	Amount (\$) \$226.04	7	Payee address; City; State; Zip Code 6900 Brodie Ln Austin, TX 78745		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food and beverage supplies for Capitol office		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 03/21/2023		Payee name HEB		
	Amount (\$) \$193.32		Payee address; City; State; Zip Code 6900 Brodie Ln Austin, TX 78745		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food/beverage expense for Capitol office staff meetings		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 04/04/2023		Payee name HEB		
	Amount (\$) \$201.77		Payee address; City; State; Zip Code 6900 Brodie Ln Austin, TX 78745		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food and beverage expense for Capitol Office		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/11 Rpt: 13/20	2 FILER NAME Jetton, Jacey R. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081422
4 Date 04/11/2023	5 Payee name HEB	
6 Amount (\$) \$244.15	7 Payee address; City; State; Zip Code 6900 Brodie Ln Austin, TX 78745	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food and beverage expense for Capitol office
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/18/2023	Payee name HEB	
Amount (\$) \$280.61	Payee address; City; State; Zip Code 6900 Brodie Ln Austin, TX 78745	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food and beverage expense for Capitol office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/09/2023	Payee name HEB	
Amount (\$) \$251.62	Payee address; City; State; Zip Code 6900 Brodie Ln Austin, TX 78745	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food and beverage expense for Capitol office.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/11 Rpt: 14/20	2 FILER NAME Jetton, Jacey R. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081422
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4 Date 05/16/2023	5 Payee name HEB
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6 Amount (\$) \$245.78	7 Payee address; City; State; Zip Code 6900 Brodie Ln Austin, TX 78745
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food and beverage for Capitol Office
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/23/2023	Payee name Jetton, Jacey (The Honorable)
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Amount (\$) \$7,500.00	Payee address; City; State; Zip Code 1723 Hearthside Ct. Richmond, TX 77406
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Loan reimbursement
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/09/2023	Payee name Macfarlan, Tori
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 3424 Harvest Bounty Dr Richmond, TX 77406
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contract labor
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/11 Rpt: 15/20	2 FILER NAME Jetton, Jacey R. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081422
4 Date 03/06/2023	5 Payee name Macfarlan, Tori	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 3424 Harvest Bounty Dr Richmond, TX 77406	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/24/2023	Payee name Macfarlan, Tori	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 3424 Harvest Bounty Dr Richmond, TX 77406	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contract labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/11/2023	Payee name Macfarlan, Tori	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 3424 Harvest Bounty Dr Richmond, TX 77406	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contract labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/11 Rpt: 16/20	2 FILER NAME Jetton, Jacey R. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081422
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4 Date 06/13/2023	5 Payee name Macfarlan, Tori
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6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 3424 Harvest Bounty Dr Richmond, TX 77406
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contact labor
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/03/2023	Payee name Republican Women's Club of Katy
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 9550 Spring Green Blvd. Suite 408-122 Katy, TX 77494
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship for Dinner Event
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/28/2023	Payee name Rotary Club of Katy
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Amount (\$) \$265.00	Payee address; City; State; Zip Code PO Box 70 Katy, TX 77492
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual Rotary Membership Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/11 Rpt: 17/20	2 FILER NAME Jetton, Jacey R. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081422
4 Date 02/06/2023	5 Payee name Ryan Data and Research	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code PO Box 202675 Austin, TX 78720	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting expense for data and research
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/26/2023	Payee name Shiplely Donuts	
Amount (\$) \$232.04	Payee address; City; State; Zip Code 8213 Brodie Land Austin, TX 78745	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food and beverage expense for Capitol office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/20/2023	Payee name TDCJ-MAL	
Amount (\$) \$240.32	Payee address; City; State; Zip Code PO Box 4013 Huntsville, TX 77342	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gifts for Attack Poverty event in district
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 9/11 Rpt: 18/20	2	FILER NAME Jetton, Jacey R. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00081422
4	Date 05/31/2023	5	Payee name TDCJ-MAL		
6	Amount (\$) \$430.84	7	Payee address; City; State; Zip Code PO Box 4013 Huntsville, TX 77342		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gifts for capitol and district staff and committee members		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 06/05/2023		Payee name TDCJ-MAL		
	Amount (\$) \$214.34		Payee address; City; State; Zip Code PO Box 4013 Huntsville, TX 77342		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gifts for capitol and district staff and committee members		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/23/2023		Payee name Target		
	Amount (\$) \$488.61		Payee address; City; State; Zip Code 5300 S Mo Pac Expressway Austin, TX 78749		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for Capitol Office		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/11 Rpt: 19/20	2 FILER NAME Jetton, Jacey R. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081422
4 Date 03/06/2023	5 Payee name Texas Conservative Coalition	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code PO Box 2659 Austin, TX 78768	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Returning Member Dues
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/04/2023	Payee name Texas Republican Legislative Caucus	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 13305 Austin, TX 78711	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/27/2023	Payee name Torchys Tacos	
Amount (\$) \$276.57	Payee address; City; State; Zip Code 2801 Guadalupe St Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food and beverage expense for Capitol Office staff meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/11 Rpt: 20/20	2 FILER NAME Jetton, Jacey R. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081422
4 Date 02/06/2023	5 Payee name Wall Art Giant	
6 Amount (\$) \$226.23	7 Payee address; City; State; Zip Code 2910 Anode Lane Dallas, TX 75220	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wall art and decor for Capitol Office
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held